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THE
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Clinical Lectures.

ARTHRITIS DEFORMANS.[1]

By John V. Shoemaker, M.D., LL.D.,
Professor of Materia Medica, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

Case I.

Gentlemen: This woman, 56 years of age, has been in the hospital for four days. Her father died at the age of 45 of asthma, so called, and her mother at 82 of apoplexy. She enjoyed good health until three years ago, when she suffered from what was supposed to be rheumatism in the ankle. Though there have sometimes been intervals of improvement when under treatment, yet the trouble has gradually grown worse, and she has never been entirely free from pain in the joint. One year and a half ago the left knee became swollen and painful. Ten weeks ago the right knee was similarly attacked. At the present time nearly all the large joints are implicated. The neck is painful and stiff. The hands are hot and burning. She is unable to stand or walk without crutches. Her limbs are symmetrically involved. Her ankles are distorted.

Case II.

The old man, 60 years of age, who now walks into the arena with a tolerably firm step, who can bend and move his knees fairly well, and can raise his hand to his nose, I bring before you this morning as an example of improvement under treatment. When he entered the hospital about one month ago he was compelled to use crutches, the knee-joints were stiff, and he was utterly unable to raise his hand to his face. I may anticipate so far as to say that he is a sufferer from the same disease that afflicts the first patient.

Case III.

About two months ago this woman, who is 58 years of age, entered the hospital, not expecting much amendment, but in the hope that the progress of her disease might be arrested. She was becoming disabled. For five years she has been obliged to walk with a cane. She has been conscious of the stealthy encroachments of the disease for twenty-five or thirty years. To-day she can walk fairly well without her cane, can bend her elbows, touch her back and her head, and has begun to sew: a work which she had been unable to do for more than a year. These statements are indicative of an improvement which is gratifying alike to both doctor and patient. The latter, indeed, feels so much encouraged that her hope is now fixed upon becoming able to run the sewing-machine.

* * *

Here we have three patients illustrating the same disease. It is evident that we are dealing with a process which advances very slowly, almost imperceptibly, but none the less surely; that it must be a general disease, and not exclusively an affection of joints; that it is capable of crippling and

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[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

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distorting the articulations; and that it does not restrict itself either to large or to small joints, but impartially involves articulations of all sizes. In a broad and general sense we customarily say that acute rheumatism attacks large and gout small joints. Gout exhibits a special predilection for the great toe; there is more redness and œdema in gout than in rheumatism; gout is unaccompanied by cardiac complications or high fever; but in old cases we find uratic deposits, or chalkstones, in the joints and often in the lobe of the ear. In the cases before us, however, the course and the history differ both from rheumatism and gout. The tophi of gout are absent, the joints are more damaged and distorted than in either gout or rheumatism, and there has been less febrile reaction than in rheumatism. Chronic rheumatism is more particularly of the muscular variety. These points of distinction inform us that we have to do with an independent disease, one which involves not only the joints, but also the system at large and, as we shall see, the central nervous system.

The affection from which these patients suffer is often known as rheumatic gout, which is rather an ambiguous term. It has likewise been called rheumatoid arthritis, which is rather a better title, but I prefer the designation of arthritis deformans, in reference to the distortion and deformity which it produces. An older name, referring to the aspect of the fingers, is nodosity of the joints.

The disease usually has an insidious commencement. There is a little stiffness and tenderness of one or more joints, with some swelling. In the more acute attacks there is moderate fever; the temperature is less high than in acute inflammatory rheumatism. Nodules, known as Heberden's nodosities, from the name of a distinguished English physician of the eighteenth century who was the first to recognize arthritis deformans as a distinct disease, often develop upon the sides and ends of the distal phalanges of the fingers, and sometimes also of the toes. In this type of the malady the larger joints are usually spared. In other instances numerous joints are progressively involved. The articulations are symmetrically attacked. In extreme cases all the joints may become rigidly locked. Even the vertebræ may be converted into a motionless column. Such cases are occasionally exhibited in museums as "ossified men or women." The unfortunate patients are utterly helpless and dependent upon the care of their fellow. Some time ago I saw in private practice an example of this extreme type. Many years ago there lay in one of our hospitals a man, comparatively young, whose only power of movement was to turn his head slightly from side to side. The joints were immovably set; the poor fellow was wasted to a shadow, and lay upon his cot, simply waiting for death. Another case of which I am cognizant affects an elderly lady in a severe, but not quite so extreme a form, although the patient has but little ability to perform voluntary movements, and is unable to care for herself in the slightest degree. All the component parts of the joints are destroyed. As I have implied, the patients became anæmic and wasted.

A third variety of arthritis deformans confines itself principally to a single joint, preferably the hip, although it may fasten itself upon the knee or shoulder.

Arthritis deformans is more common among women than among men. An hereditary element is a strong feature of the disease. The disease develops in consequence of some pathological changes in the nerve-centers or in their functional activity. Such an origin, or at least connection, accounts for the symmetry of the arrangement and signs of trophic disturbance which mark the course of arthritis deformans.

From the sketch which I have given you of the nature, symptoms, and course of arthritis deformans, you will readily draw the inference that, as regards treatment, much depends upon an early recognition of the disease. When we are confronted with a patient in an advanced stage we can have no expectation of repairing the destruction which has already taken place in the joints. If we are fortunate enough to meet with the affection at an earlier period the outlook is less gloomy. We may hope to succeed in checking its career, to restore some functional ability to disabled, but not ruined, joints, and to maintain the general nutrition. Much, indeed, depends upon the last-named part of the treatment. The sufferers from arthritis deformans are, to begin with, generally of weak constitutions and a depressed condition of the system. They need supporting measures. A satisfactory management of a case demands persevering effort on the part of both the physician and the patient. Much good can be accomplished by intelligent and persistent employment of the means at our command.

The diet is a matter of importance. The food should be easily digestible and nutritious. It should consist largely of vegetables and the patients should partake rather sparingly of meats. Vegetables which contain large proportions of iron and sulphur—such as spinach, onions, and garlic—are of service. The elements named are normal constituents of the blood and tissues. They contribute to the preservation of general nutrition, improve the quality of the blood, and exert a tonic and beneficial influence upon the nerve-centers. I often direct patients to consume from four to six stewed onions a day. Lettuce, peas, and beans are also beneficial.

We also administer such remedies as tend to improve the quality of the blood and invigorate the nervous system. Iron and sulphur I have already mentioned. These are suitable agents to give directly as medicine, in graduated doses. Strychnine may be appropriately conjoined with the iron and sulphur on account of the favorable impression which it makes upon the nerve-centers, the circulation, and the secretions. Action upon the skin is also desirable. The sulphur, which we have given to fulfill other indications, is likewise of service in this connection. Warm baths, especially sulphur-baths, do good.

Oils and fats, in so far as they can be digested, are of value. The best and most commonly employed is codliver-oil: oleum morrhuæ. When, as is usually the case, the patients are debilitated, it is advisable to begin with small doses, which can be gradually increased in accordance with the degree of tolerance exhibited. In this manner we can run the dose up to 1 or 2 drachms, or even more, if it can be borne. We may ascertain whether the oil is absorbed by inspecting the stools. If these contain oil, the limit of absorption has been reached and we must reduce the dose. It is best to give the oil an hour or an hour and a half after a meal, because at that time it will not impede digestion. Olive-oil is likewise nutritious, and is a food to the nervous system, but it is not so well absorbed as codliver-oil. The latter enters the system and circulation more rapidly by virtue of the biliary principles which it contains. Indeed, codliver-oil will pass through the skin, and in some instances we take advantage of this property.

Arsenic is another remedy which produces a good effect in arthritis deformans. It may be given in the form of arsenous acid, the official solution of the acid, the solution of potassium arsenite, or sodium arsenate. Another efficient preparation which may be used in such cases, is arsenauro, which combines the virtues of arsenic and gold. We begin with a small or moderate dose of arsenic and gradually increase the quantity until signs of arsenical intoxication appear, as nausea, vomiting, diarrhœa, puffy eyelids, etc. When this point has been reached we discontinue the remedy until the manifestations have vanished. The drug is then resumed in a minimum dose and gradually increased as before until the poison-line is approached. Administered in this manner arsenic is one of the most effectual medicinal agents at our command in the treatment of the disease which we now study.

The remedies upon which we principally rely in the treatment of rheumatism and of gout fail us in arthritis deformans, although Ringer testifies favorably concerning the use of colchicum.

Our most effective methods, however, consist in the employment of expedients and procedures not classed with drugs, particularly massage and electricity. The grand aim and function of a joint, that for which it was created, is motion, and the characteristic function of muscular tissue is to produce motion. Therefore, when we operate directly upon joints and muscles by massage and passive movements, and when we, through stimulation of the nerve-centers and pathways, encourage muscular contractions, we maintain the conditions upon which the health and activity of those structures depend. The force of the circulation is increased through the affected structures, and the progress of the disease is arrested or an improvement may even be instituted and persist for considerable periods.

This is what we can do, gentlemen: alleviate the affliction of our patients and delay the advance of the disease to the stage of deformity. Surely this is something worth accomplishing, and should forbid a tone of hopeless pessimism when speaking of the treatment of arthritis deformans. The patients are unable to take much, if any, active exercise. We will endeavor, therefore, to supply this defect of Nature by instituting passive movements. The massage is performed by deep kneading, with or without the co-operation of friction and inunction.

One year ago I had before the class a case similar to those upon which you look to-day. The patient was a man who came here on crutches. By the use of massage, scientifically applied, and electricity we were instrumental in effecting a wonderful transformation. The manipulations of massage were performed every other day. On alternate days he received the electrical current. You can recall the numberless occasions when I have insisted upon the value of electricity in the treatment of many disorders of the nervous and muscular systems, especially those of the more chronic type. You will remember likewise how often I have pointed out to you the synergistic action of those two important influences: massage and electricity. I lay stress on the combined use of these two powerful agencies in the management of arthritis deformans. By their means the man to whom I have just incidentally alluded by way of example received so much amendment that in nine weeks he was enabled to dispense with the aid of his crutches, and is to-day an active man who manages personally a large estate. This is not an absolute cure, but the disease has been arrested and the man has been restored to usefulness. The benefit has continued for nearly a year and there are no present signs of recrudescence. This alone is a great fact in the history of such a case and such a disease.

Massage promotes nutrition of the muscles and releases the joints by breaking up adhesions. If the case is not too far advanced and bony ankylosis has not occurred, we may etherize the patient and break up the adhesions. This is preparatory to the manipulations of massage and the application of electricity. The static current, or "breeze," is the preferable form of electricity to employ.

I have expounded the chief principles which should govern us in the management of arthritis deformans. It now remains to apply them to the cases now present.

The second patient—the old man—has had massage every other day. You will remember that the first operation was performed in the amphitheater in your presence. He has had static electricity in conjunction and has taken arsenic in ascending doses according to the manner which I have described; his diet was regulated, and in addition to the other articles of food he has eaten four, five, or six onions every day.

The first and third patients have also been treated with electricity and massage. The first was given a capsule containing iron, sulphur, and arsenic. Massage was performed twice daily and was associated with friction by means of veratrine ointment: the unguentum veratrinæ of the "United States Pharmacopœia." A little of this preparation rubbed upon the surface stimulates the underlying parts. The person who applies veratrine ointment should wear gloves on the hands, and should, above all, be cautioned against bringing any of the ointment in contact with the eyes. It is a strong local irritant, causing the fingers to tingle, and is capable of exciting severe conjunctivitis. The third patient took thrice daily a capsule containing $^1/_{20}$ grain of arsenous acid, 1 grain of extract of colchicum-root, and 3 grains of lithium carbonate. The lithium was discontinued as soon as the urine became alkaline.

A CLINICAL LECTURE UPON THE TREATMENT OF GONORRHŒA.[1]

By H. M. Christian, M.D.,

Clinical Professor of Genito-urinary Diseases in the Medico-Chirurgical College of Philadelphia.

In taking up the consideration of the treatment of the cases of gonorrhœa which we have had before us to-day, it is, first of all, necessary for you to recognize the fact that the essential requisite for the cure of this affection is a drug possessing the power of destroying gonococci. Still further, with our present knowledge of the power of the micro-organisms to penetrate into the submucous tissues, it is at once apparent that the ideal gonococcus-destroyer must be a drug endowed with the faculty of penetrating the mucous membrane and attacking the gonococcus at all points.

As a result of the discovery of the gonococcus by Neisser it naturally followed that the profession should turn to the bichloride of mercury as offering the greatest possibilities in the treatment of gonorrhœa. The disappointment following the employment of the drug is now a matter of history. It was soon discovered that solutions that were strong enough to destroy the gonococcus were equally destructive to the urethral mucous membrane, while solutions that were innocuous to the urethral mucous membrane were just as harmless to the gonococcus. Permanganate of potassium, highly indorsed by Janet, was then taken up and is still very largely employed, although I have always been of the opinion that its value in the treatment of gonorrhœa depended upon its action as a general cleansing agent rather than upon any specific destructive action upon the gonococcus. As a matter of fact, the use of permanganate of potash was simply a reversion to a time-honored remedy employed in gonorrhœa by our forefathers long before the discovery of the gonococcus.

Next in sequence was the introduction of nitrate of silver, the use of which was followed by apparently brilliant results; but here, again, we were confronted with the clinical fact that solutions that were strong enough to destroy gonococci were most irritating and damaging to the mucous membrane of the urethra. Nevertheless the results following the use of nitrate of silver were so far in advance of any obtained from the use of other drugs that chemists began to experiment with the hope that some silver compound could be discovered which would have all the virtues of the drug without any of its irritating properties. The natural result of these experiments has been the production of a number of silver compounds each containing a certain percentage of the drug, varying from 4 to 30 per cent. So widespread has the use of these silver compounds become, that I think it perfectly safe to say that the profession at large relies almost entirely at the present day upon one or the other of these salts in the treatment of this affection. The latest, and to my mind undoubtedly the best of these, is argyrol, which I have been using to the exclusion of all other silver preparations since it was brought to my notice in March, 1902. This salt is now the one most largely employed drug in this country and Europe. Professor Pedersen, of New York, recently stated, in an address to the American Therapeutic Society (Medical News, October 10, 1903): "The most important recent advance in the treatment of gonorrhœa was the introduction of argyrol, which is widely accepted as the best antigonorrhœal drug we have to-day. The reports and comments of many observers go to show that its efficacy is greater than that of any of its predecessors, and in solutions as high as 20 per cent. it is unirritating to the urethral mucous membrane. Even 2- to 5-per-cent. solutions, used as hand-injections twice daily and retained in the urethra five minutes, shorten the acute stage so positively that it amounts to an abortion of the disease in cases seen in the very incipiency of the invasion."

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[1] Delivered at the Medico-Chirurgical College, November 18, 1903.

In the Medical Record of September 27, 1902, appeared the first article on the use of argyrol in the treatment of gonorrhœa, where it was stated that, as a result of six months' study of the drug at the University Hospital, this silver salt was to be considered the best ever offered to the profession for the treatment of gonorrhœa, for the following reasons:—

1. It is absolutely free from any irritating properties, solutions as high as 20 per cent. causing no discomfort.
2. The gonococci on and beneath the urethral mucous membrane are rapidly destroyed.
3. The amount of urethral discharge is, in a majority of cases, at once lessened in a marked degree.
4. The actual duration of the disease is shorter than is obtained by the use of any other silver salt.

Since the publication of the above-mentioned report I have treated upward of fifteen hundred cases of gonorrhœa with argyrol, and can fully corroborate the conclusions drawn.

There is, however, one point to which I wish to call your attention,—one which, if overlooked, may be a source of disappointment to you in your future practice,—and that is: you cannot expect that the use of argyrol alone, or any other silver salt, is all that is necessary for the cure of gonorrhœa. It must be borne in mind that we have to deal, not only with the gonococci, but also with the damage done to the urethral mucous membrane by the destructive action of the micro-organism; in other words, destruction of the gonococcus does not, by any means, imply, of necessity, the cure of the disease, as there always remains a condition of catarrhal urethritis which requires a particular line of treatment. If a case of gonorrhœa is seen in the early inflammatory stage, where *ardor urinæ* and *chordee* are the most annoying subjective symptoms, it would be well to order a prescription something as follows:—

℞ Salol,
Sod. brom.,
Potass. bicarb., of each, ʒss.
M. et div. in chart. No. xxiv.
Sig.: One every two hours.

At the same time a 5-per-cent. solution of argyrol is ordered to be used by the patient as a hand-injection three or four times daily, the solution being held in the urethra for ten minutes. If the patient can spare the time, it is advisable to wash out the anterior urethra with several syringefuls of warm normal salt solution prior to using the argyrol injection; this line of treatment can be carried on through the second and third week. When the subjective symptoms subside, it is sometimes of considerable advantage to supplement the local treatment with the use internally of copaiba and sandalwood-oil. Ordinarily at the beginning of the third week the patient enters upon the stage of decline or, as Professor Finger styles it, the "mucous terminal stage" of the disease. In a case going on to recovery, the discharge is now scanty, thin, muco-purulent in character, and containing few, if any, gonococci. And this is, by far, the most important stage in the treatment of the disease as regards the patient's future welfare; it is here that experience teaches us that we need more than a mere gonococcidal agent. We need here, in addition, mild astringent lotions to help restore the integrity of the damaged mucous membrane. A good plan now is to use the argyrol solution (5 per cent.) night and morning, employing through the day some such solution as this:—

℞ Zinc sulph., gr. x.
Bismuth subcarb., ʒij.
Liq. hydrastis (colorless), ℥ss.
Aq. dest., q. s. ad ℥iv.

M. Sig.: Inject two drachms three or four times daily.

Or the following may be used:—

℞ Zinc sulph., gr. xij.
Plumbi acetat., gr. xv.
Liq. hydrastis, ℥ss.
Aq. dest., q. s. ad ℥iv.

M. Sig.: As directed.

Professor Belfield, of Chicago, recommends at this stage of the disease alternating the use of argyrol with injections of a solution of berberine muriate, 10 grains to a pint of water. At the beginning of the fifth week,—when nothing remains but the well-known morning drop, and the urine is clear, but contains shreds—it is well to use the argyrol solution at night and to use once or twice through the day one of the following well-known formulæ:—

℞ Carbolic acid, gr. iv.
Zinc sulph.,
Pulv. alum, of each, gr. xij.
Aq. dest., q. s. ad ℥iv.

Or:—

℞ Cupri sulph., gr. iv.
Aq. dest., ℥iv.

Or:—

℞ Zinc chloride, gr. iv.
Aq. dest., ℥iv.

Belfield advises the use of iodide of zinc, 4 grains to a pint of water.

This, in general, is the line of treatment I have been following for the past two years, and is one that has given me more satisfactory results than any hitherto employed.

When in the second or third week the clinical symptoms and the two-glass test show involvement of the whole urethra, the treatment by hand-injections is temporarily abandoned. Deep instillations of 10-per-cent. solutions of argyrol are then employed at frequent intervals until such time as the second urine becomes clear.

1344 Spruce Street.

Original Communication.

RAPID TRACHEOTOMIES.

By E. B. Gleason, M.D.,

Clinical Professor of Otology in the Medico-Chirurgical College of Philadelphia.

After a demonstration of both the high and the low operation for opening the trachea in the dissecting-room of the demonstrator of surgery at the Medico-Chirurgical College, and the students had had a chance to practice these operations on the cadaver, a surgeon of wide experience who was present remarked that tracheotomy was often either the easiest or the most difficult of surgical operations. On that occasion each of the several surgeons present had a tracheotomy story to tell, which illustrated how difficult a tracheotomy may become under certain circumstances.

Several years before the advent of intubation the writer's first tracheotomy was done on a baby, 18 months old, with rather a fat neck. He was asked to leave his work for a moment at the Northern Dispensary and make a diagnosis in the case of a baby in a neighboring house who had had a sore throat for some days past and was apparently unable to swallow.

Upon entering the sick chamber the writer remarked upon the slightly embarrassed respiration and the fact that the blueness of the mouth and lips indicated that the baby was not getting enough air. The condition did not seem very urgent and the baby was raised slightly in the nurse's arms into a suitable position for the use of a forehead reflector, and an attempt was made to open the child's mouth with the finger in order to secure a view of the pharynx. Before the mouth could be opened the baby made a feeble effort to cry, gasped, and with scarcely a struggle was apparently dead. In horror the nurse dropped the child on the floor. The confusion of the occasion was increased by the crying and wailing of several ladies present, one of whom, the child's mother, probably, in her haste to reach the baby collided with an article of furniture and was thrown to the floor, bruised and hurt.

As the statement made was only that the sick baby had a sore throat which interfered with her swallowing, the writer had accompanied the attending physician to the patient's house with only instruments for diagnosis: a forehead mirror, a tongue depressor, angular ear-forceps, and some specula. As none of these were adapted for tracheotomy, he asked and obtained permission to attempt to open the baby's trachea with his penknife. A long incision was made into the child's somewhat fat throat as she lay on the floor and the trachea located in the depths of the wound. As the point of the knife was too dull to permit of puncturing the trachea, the windpipe was grasped between the thumb and finger of the left hand and incised with the edge of the knife. The entire operation probably consumed less than sixty seconds; there were no distended veins encountered. There was not a drop of blood seen. The knife-blade, which was comparatively dull, was turned transversely in the tracheal wound in order to hold it open, artificial respiration was practiced, heat applied over the heart, and a hypodermic of whisky given; there was no brandy available. After what seemed an age, the veins in the wound began to swell and the wound appeared a little moist with blood; finally the baby gave its first gasp. Spring forceps were then substituted for the knife-blade to hold the tracheal wound open, and a tracheotomy tube sent for. An abscess was afterward located, pointing rather below the level of the cricoid cartilage, and was aspirated through the skin of the neck. The baby made an uneventful recovery, although about ten days elapsed before it was thought safe permanently to remove the tube.

The absolute lack of bleeding during the operation made a profound impression on the writer at the time. The only blood seen was a little smear on the neckband of the child's white dress. However, when the circulation began to be established the distended veins appeared in the wound in the manner usual in tracheotomy wounds, but none of them seemed to have been wounded, perhaps partly because of the dullness of the knife-blade. It was in about the condition of most pocketknives that have been carried in the pocket for two or three years.

The most practical part of the lesson to the writer from this case—his first tracheotomy—was the suddenness with which collapse occurred and breathing ceased: a sudden collapse which is liable to occur even in adults where for a considerable time the blood has been deprived of a sufficient supply of oxygen.

The suddenness with which death sometimes occurs in cases long deprived of the necessary amount of oxygen should be borne in mind, and should influence the surgeon to urge an immediate operation in all suitable cases where there is sufficient laryngeal obstruction to produce the characteristic blueness of the lips and skin, even when the patient appears comparatively comfortable. In case immediate operation is refused by the patient, the surgeon should insist that a competent physician remain by the patient's bedside constantly with tracheotomy instruments ready at hand for instantaneous operation should circumstances require it. The writer has had an experience of two cases that illustrates the importance of this precaution. Both were cases of syphilitic laryngitis: the first, that of a man with greatly embarrassed respiration and the characteristic blue hue of lips and skin—a patient in the Philadelphia Hospital who absolutely refused operation. The writer ordered a set of tracheotomy instruments placed at the patient's bedside and that a competent resident physician remain within call. Within a few hours afterward, at night, the patient suddenly collapsed, and only a prompt tracheotomy prevented a fatal result. Ultimately the man made a good recovery.

In a case seen some years previously the results were not so favorable. The patient, a robust man, had suffered greatly the night before, but when seen by the writer, the next evening, his respiration was not greatly embarrassed and he was so comparatively comfortable that it was thought advisable to postpone operating until the next day. However, a set of tracheotomy instruments was placed at the patient's bedside and his family arranged to remain with him all night. Nevertheless, this robust man during the night suddenly collapsed and was dead in spite of a rapid tracheotomy done as speedily as possible.

The danger of sudden collapse in these cases should be borne in mind also in choosing an anæsthetic. Some cases cease breathing after only a few inhalations of ether or chloroform. The writer and his assistant, Dr. Walter Robers, had this experience in two cases operated on in the Philadelphia Hospital. In both cases the collapse was sudden and so complete as to create the impression on the operator and bystanders that death had occurred. In each case the patient quickly recovered consciousness when the tube from a can of oxygen was placed in the tracheotomy tube and artificial respiration practiced.

Where ether or chloroform is employed for tracheotomy in cases of greatly embarrassed respiration and cyanosis, before administering the anæsthetic the patient should be placed in the tracheotomy position and the surgeon and assistant should take their places ready for quick work should occasion require it. Needless to say, a can of oxygen should be at hand and the operator should satisfy himself that it is in working order and ready for instant use. Only when the surgeon has his knife in his hand should the chloroform be started. Generally only a few drops are necessary to produce unconsciousness; hence the drug should be used sparingly. As soon as the patient is unconscious the surgeon should promptly make his incision through the skin. Even in cases where it is the intention to perform a low tracheotomy the incision should begin at the angle of the thyroid cartilage so as to expose the cricoid membrane, with the object that if the patient suddenly collapses this membrane can be incised promptly and a tracheotomy dilator or tube inserted.

It is not the purpose of this paper to describe the technique of tracheotomy. Where the low operation has been chosen every step of the operation should, of course, be done carefully and with as great deliberation as the circumstances will admit. In this laudable purpose the writer is convinced that a surgeon will be aided if he has already exposed the crico-thyroid membrane and is sure that he is ready to sever it very promptly should his patient suddenly collapse before the low tracheotomy has been completed.

The high operation may readily be done

under cocaine anæsthesia, secured by the transfusion method. However, in the one case operated by the writer with this method the local anæsthesia was by no means complete and the patient suffered considerable pain; so that in the majority of cases, even when cyanosis has occurred, a general anæsthetic is probably preferable, and is sufficiently safe provided it be used slowly and with great caution not to shut off the supply of air too completely or suddenly by holding the ether or chloroform cone too close to the patient's mouth and nose.

Abstracts.

Abnormal Pigmentation in Tuberculosis and Suprarenal Insufficiency.

At a meeting of the Medical Society of the Hospitals MM. Ad. Lafitte and Moncany stated that abnormal pigmentations are frequent in consumptives. Out of 27 tuberculous patients, taken by chance from the Saint-Louis Hospital, they had found in 7 instances a more or less marked pigmentation: that is, in more than one-fourth of the cases. In three cases they noted pigmented spots upon the mucous membrane: *i.e.*, in 11 per cent. of the cases.

The abnormal color of the skin or mucous membrane can be seen in all stages of tuberculosis. Out of the 7 patients, in 6 the lesions were of the first and second stage; in but 1 instance were cavities present.

This pigmentation possesses special characteristics. It is much less diffuse and less intense than that of Addison's disease, and never occupies the entire surface. It has favorite localities, particularly the sides of the neck, which it invades symmetrically; the areola of the nipple, and the anterior portion of the axillary region. It more rarely invades the face and almost never the hands; the genital organs are usually slightly colored. The color is exaggerated at points where there is irritation, as from a burn or scald, the eruption of acne, blisters, etc.

It presents itself in the form of patches, separated by large intervals of healthy skin. Upon the mucous membrane the spots are localized upon the inner surface of the cheeks and lips, especially at the junction of the skin and mucous membrane of the lips. They are small and discrete.

The pigmentary modifications were the only signs observed in 3 cases out of 7; in the other 4 cases other symptoms were seen, which should be regarded as a sign of suprarenal insufficiency: asthenia with or without emaciation, lumbo-abdominal pains, gastro-intestinal troubles, and tachycardia.

This collection of symptoms is indicative of some change in the suprarenal capsules, and the authors thought that they might be classified under the head, already proposed, of adrenal insufficiency.—La Tribune Médicale.

Angina Pectoris of Biliary Origin.

At a meeting of the Biological Society MM. Gilbert and Lereboullet remarked that in the course of biliary infections typical manifestations of angina pectoris may supervene, and that this is one toxi-infectious cause of angina. Different affections of the biliary passages produce this result. It has been observed during febrile angiocholitis and when the biliary infection is slight, as in simple cholæmia and certain cases of biliary lithiasis, and in cirrhosis of the liver. The attack of angina may present a serious aspect, such as is attributed to stenosis of the coronary arteries and referable really to the cardiac plexus. It may be slight and depend upon secondary biliary neurasthenia; this is indicative of functional disturbance of the cardiac plexus, but the rather acute nature of the symptoms may raise the suspicion of organic angina. This accident is comparatively frequent, and the part of the biliary toxi-infection may be compared to that of certain general infections, such as grippe and malaria, which are often instrumental in the production of angina pectoris.—Le Progrès Médical.

Wound of the Thoracic Duct.

At a meeting of the Surgical Society M. Faure stated that he had seen the thoracic duct wounded in the course of two operations. The first case was an ablation of a thyroid tumor; in the operation the duct had been accidentally torn. It was a case of glandular degeneration accompanying a malignant tumor of the lung. In removing the glands the speaker had torn the duct, upon which he placed a lateral ligature. At the end of some days there was an escape of lymph, but it was not renewed. M. Terrier said that he had formerly seen with Wurtz, in experiments upon the thoracic duct, that cicatrization of its wounds always occurred spontaneously after ablation.

M. Ricard mentioned that he had reported a case in which simple compression sufficed to arrest the discharge of lymph. —Le Bulletin Médical.

Melancholy Caused by Nasal Polyp.

M. Royet describes the case of a man, 38 years of age, who exhibited slight mental weakness, a notable difficulty in fixing his attention, an impression of anguish, and constant headache.

All these symptoms were dependent upon the presence of mucous polyps attached to the middle turbinated bone. The troubles of the mind vanished when the growths were removed. There was a temporary and slighter reproduction of the difficulties when some inflammation followed igneous cauterization of the points of attachment of the polyps, and this circumstance was confirmatory of the theory in regard to their origin.

An important fact is the latency of the symptoms of the disease of the nose, which may often exist unperceived. — Revue Hebdomadaire de Laryngologie, etc.

Relapsing Pleuro-typhoid.

At a meeting of the Medical Society of the Hospitals M. Dopter described the case of a patient who, during convalescence from typhoid fever, had suddenly presented all the signs of a right-sided pleural effusion, forming the predominating part of the clinical picture, at least in the beginning; all the symptoms of typhoid fever soon followed. It was a case of relapsing pleuro-typhoid. The cytological result accorded with those of cases hitherto published. Culture of the pleuritic fluid yielded Eberth's bacillus in a state of purity.—La Tribune Médicale.

Profound Anæmia and Anasarca in a Case of Latent Carcinoma of the Stomach.

At a meeting of the Medical Society of the Hospitals MM. E. Sergent and H. Lemaire reported the case of a woman, 68 years of age, who suffered from extreme dyspnœa accompanied by œdema of the lungs, generalized anasarca, extreme pallor of the skin and mucous membranes, and considerable albuminuria, the diagnosis being nephritis. Nevertheless, the rapid disappearance of the albuminuria, the character of the urine, and the absence of a galloping murmur threw doubt upon the diagnosis. The result of an examination of the blood aroused a suspicion that a latent cancer existed. The autopsy confirmed the suspicion by revealing the presence of a nonulcerated cancer, situated upon the lesser curvature of the stomach, with several secondary nodules in the liver. There was no important lesion of the kidneys, but a slight swelling of the epithelium of certain tubular territories.

It is of interest to note that the only apparent signs consisted of a profound anæmia of the pernicious type, with anasarca.

This case is similar to that of MM. Ménétrier and Aubertin, in which there was no anasarca, but considerable anæmia.

It may be asked, with the authors, whether the profound alteration of the blood is not the immediate effect of the hæmolytic property of the cancerous toxins. The anasarca and the albuminuria may be ascribed, perhaps, to the same origin.—Le Progrès Médical.

Saturnine Pseudoparalysis of Hysterical Origin.

At a meeting of the Medical Society of the Hospitals MM. P. Carnot and Lamoureux described the case of a man who was suddenly attacked by typical lead palsy of antibrachial type, succeeded by the superior brachial type. The case was one, however, of hystero-toxic pseudoparalysis. It supervened simultaneously with a sensitivo-sensorial hemianæsthesia, and upon the day after when, by an involuntary suggestion, the patient's attention had been drawn to the possibility of a paralysis, and the different types of saturnine paralysis had been described around his bed.

One must, therefore, think, in such a case, of toxic hysteria even in the presence of apparently the most typical lead palsy. —La Tribune Médicale.

Albuminuria during an Attack of Hysteria.

At a meeting of the Medical Society of the Hospitals M. Dopter reported a case of a patient who had suffered for several days from a mild sore throat and who came into the hospital after what was supposed to be an hysterical attack. During his sojourn in the wards he was seized by a convulsive crisis, accompanied by vasomotor disturbances (cyanosis, œdema) of the lower limbs. The urine contained albumin. This content was, however, temporary, as it disappeared on the following morning and did not return.

Although its occurrence is denied by some authors, this albuminuria—doubtless due to a retardation of the renal circulation consecutive to dilatation of the vessels—deserves to be well understood in order that the clinician may make an exact distinction between uræmic and hysterical convulsions. It is also important as regards the prognosis and, above all, the treatment.

M. Hirtz said that he had on former occasions reported numerous cases of albuminuria in hysterical subjects. He considers it a consequence of the vascular spasm caused by the neurosis. As an illustration of the effect of such spasm he instanced a case of sphacelus of the skin in an hysterical person.

In this connection M. Faisans mentioned a case of asthma without assignable cause and without albumin in the urine. At the end of fifteen days, when the asthma ceased, decided albuminuria occurred. Finally, when both manifestations had vanished, a crisis of major hysteria developed. There could be no doubt as to the origin of the albuminuria in this case.—La Tribune Médicale.

Otitis in Chicken-pox.

At the annual meeting of the French Society of Otology and Laryngology, M. Lannois, of Lyons, said that, although varicella was usually a trivial malady and rarely attended by any ear complications, nevertheless the eruption may locate itself in the external ear or its canal, or the bucco-pharyngeal eruption may cause persistent catarrhal or suppurative disease of the middle ear.

Chicken-pox may also produce suppurative otitis media, susceptible, as in a case reported, of being complicated by mastoiditis.

M. Joncheray added that he had observed in the course of a severe attack of chicken-pox a case of catarrhal middle-ear disease with pain in the Eustachean tube and temporary diminution of hearing. All the symptoms disappeared at the end of eight days.—Revue Hebdomadaire de Laryngologie, etc.

Angioneurotic Laryngeal Œdema.

MM. Garel and Bonnamour describe an angioneurotic œdema of the glottis: the laryngeal localization of Quincke's disease. The affection generally occurs between the ages of 20 and 40 years. Occupation seems to play an important part in its production. Teachers, public criers, and locomotive engineers are particularly subject to attacks. Soil and heredity are also influential.

Symptoms.—Laryngeal œdema is rarely isolated. The beginning is abrupt, evolution occurring within a few hours. There is a sudden sense of constriction in the throat. Not a drop of liquid can pass. Cyanosis is present. There is also a tugging sensation. The anguish is extreme and asphyxia imminent.

In other cases the beginning is less abrupt, but suffocation and orthopnœa soon appear. At the time of the attack there is complete aphonia, which disappears when the condition is relieved: a fact which disproves the existence of an organic lesion.

Fever is usually absent. As a rule, there is no albuminuria. Examination of the throat shows, in some cases, swelling of the soft palate, velum, tonsils, and sometimes the tongue. If laryngoscopic examination is possible, there is seen an enormous swelling formed by the epiglottis and aryteno-epiglottidean folds. There is serous, nontransparent, and undulating œdema. After the attack there is absolute integrity of the laryngeal cavity. Cardiac or pulmonary lesions never occur. There may be concomitant œdema in other parts of the body and gastro-intestinal disturbances.

Termination.—Generally in recovery, sometimes in death.

Clinical Forms. — These are two in number: one, benign, with constant recovery; another, serious and fatal. It is to be diagnosticated from acute circumscribed œdema of the larynx. In the latter condition there is elsewhere no œdema of the mucous membrane.

The pathogenesis consists of peripheral excitation of a predisposed larynx, with an impression upon the central nervous system and vasomotor centers, together with the coexistence of a gastro-intestinal autointoxication. It must be distinguished from urticaria of the larynx, which is accompanied by redness, wheals on the skin, and pruritus, and from idiopathic œdema of the larynx.—Revue Hebdomadaire de Laryngologie, etc.

Circumscribed Keratosis of the Larynx.

Dr. Johann Fein, of Vienna, reports two cases which present certain points of resemblance to the affection described in 1891 by Juffinger under the title of "circumscribed keratosis of the larynx" and which constitute, according to that writer, a clearly defined morbid process, having its own characters, which are as follows:—

The patient suffers from a hoarseness which progressively increases and is accompanied by cough without general symptoms or fever.

Upon laryngoscopic examination there is seen upon one of the vocal cords a distinctly marked spot resembling a false membrane. This spot is superficial, slightly elevated, and white as chalk. Its surface is a little unequal. Its edges are sharply separated from the adjacent tissue, but appear rather thickened than swollen. Examination by means of the stylet convinces one that the spot is of hard consistence and firmly adherent to the subjacent tissue.

The surrounding mucous membrane is entirely healthy or exhibits but slight inflammatory changes. The neighboring vocal cord may be œdematous from the mechanical irritation resulting from the approach of the two cords.

That which specially distinguishes these spots from processes which may give rise to similar aspects is their immutability; their appearance remains without change for a very long period. These white spots may be totally removed by the forceps, like a scale. After ablation a very superficial loss of substance of the mucous membrane persists and there is some bleeding. There is no visible cicatrix. The white spot has a very great tendency to reproduction *in situ,* even after having been several times removed.

The production belongs histologically to the superficial layers of the laryngeal mucous membrane. It is subdivided into two parts, of nearly equal thickness, the upper being almost entirely horny, the other composed of reticulated cells. The upper part consists of flat epithelial cells more or less cornified.

After removal the author cauterized the denuded spot with a 10-per-cent. solution of salicylic acid in alcohol. This prevented reproduction.

Nothing positive is known in regard to the etiology. It is to be remarked, however, that both patients were men of somewhat advanced age, having signs of beginning arteriosclerosis, and both were suspected of immoderate use of alcoholic liquors.—Revue Hebdomadaire de Laryngologie, etc.

Pseudo-elephantiasis of the Penis.

At a meeting of the French Urological Association, M. Gellert, of Carlsbad, spoke of a man, 41 years of age, who had a partial amputation of the penis, dating from childhood and performed by an incompetent operator upon the occasion of a ritual circumcision.

At the present time there is upon the penis a tumor as large as an apple, of rather firm consistence, and in which the corpora cavernosa are lost. The case is one of pseudo-elephantiasis occurring in consequence of a prolonged œdema of the skin and subcutaneous tissue, advancing consecutively to hypertrophy and fusion with the remainder of the organ.—La Tribune Médicale.

Pustulo-ulcerative Glossitis and Vulvitis.

At a meeting of the Medical Society of the Hospitals MM. du Castel and Moutier described the case of a patient who had had, ten months previously, a generalized ecthyma without buccal lesions.

Fifteen days previously, upon awakening, she experienced pain in the mouth and vulva. Five days before, a diphtheroidal patch had been discovered on the tonsil. Serum was injected. On the following days an eruption developed upon the palate and lips. It was of pustular form. Upon the lip was an erosion, apparently aphthous.

Upon the vulva were isolated and grouped pustules of the same type as those in the mouth. Some of the lesions penetrated deeply into the derma.—La Tribune Médicale.

Infectious Polyneuritis of Vesical Origin.

At a meeting of the French Urological Association M. Albarran stated that he had known of no case of polyneuritis consecutive to infectious disease of the urinary passages, hæmorrhage from the bladder excepted. He has himself observed two cases. His first patient had suffered for four years from an exceedingly painful and rebellious cystitis, by which his constitutional condition had been seriously impaired. For about three months he had experienced pain in the lower limbs, which had progressively lost power. The patient developed a flaccid paraplegia with very marked amyotrophy. He was unable to walk or to hold himself erect. When in bed he could move his limbs. The movements of the thigh were better preserved. Sensibility to pain was diminished in both legs and feet, but preserved in the thighs. The reflexes of the patella and the tendo Achillis were diminished; the cremaster reflex was retained. There was no epileptoid trepidation. Babinski's sign was absent. There was no mental disorder. Dupré, who saw the patient, diagnosticated polyneuritis. Albarran performed hypogastric section with curettage and cauterization of the bladder, which was left open for a year and then closed. The patient was cured of his paraplegia in a few weeks. He recovered also from his cystitis, of which no consequence remained but a comparative frequency of micturition (every two hours).

The second patient had an old stricture with cystitis. The symptoms were analogous to those of the preceding case, with the difference, however, that there was a simple paresis with atrophy of the lower limbs.

Professor Raymond has well shown the importance, from the clinical point of view, of distinguishing polyneuritis from poliomyelitis; in the former we may hope for complete cure. In cases of serious vesical lesions it is of much interest to determine whether the primary medullary lesions are the cause of the cystitis with or without ulceration, like those which the speaker had described with Guillain in syringomyelia, or whether we are simply dealing with lesions of peripheral nerves due to infection. In the latter instance, as in the speaker's first patient, treatment of the vesical lesion will have the happiest influence upon the nervous disease.—La Tribune Médicale.

Pseudo-asthma of Gastric Origin.

At a meeting of the Academy of Medicine M. Hayem reported the case of a patient who came to his office with dyspnœa so extreme that at one time it seemed as if the man would be unable to enter his carriage in order to return home. Upon examination M. Hayem was struck by the splashing sound caused by the contractions of the diaphragm. The stomach occupied a large part of the abdomen. The heart and vessels were normal. Thoracic sonorousness was exaggerated; there were sonorous and sibilant râles.

M. Hayem believed that the case was one of false asthma produced by the mechanical influence of the dilated stomach upon the lungs. The effect of treatment—milk diet and alimentary lavage — proved the correctness of the diagnosis.—Le Bulletin Médical.

Therapeutic Notes.

Anorexia.

The formula for the bitter elixir of Peyrilhe, according to Le Progrès Médicale, is:—

℞ Gentian-root, ℥iij.
Sodium carbonate, ʒv.
Alcohol (60°), Oj.

Acute Rheumatism.

The following combination, according to Peabody, is of value in the treatment of acute rheumatism:—

℞ Acidi salicylici, ℥ss.
Ferri pyrophos., ʒj.
Sodii phosphatis, ʒx.
Aquæ, ℥vj.

M. Sig.: One tablespoonful every two hours well diluted in water.—Journal of the American Medical Association.

Caffeine in Alcoholism.

Hall considers that caffeine is almost a specific in alcoholic toxæmia. He asserts that this drug, in doses of from 1 to 2 grains every one, two, or three hours, will usually, in from twenty-four to forty-eight hours, quench the thirst or craving for alcohol to such an extent that the most confirmed *habitués* will voluntarily abandon its use. Four cases are reported which seem to uphold the author's contention.—New York and Philadelphia Medical Journal.

Elixir of Magnesium Sulphate.

Dr. T. W. Williams, of Milwaukee, Wis., suggests the following formula for making a palatable elixir of magnesium sulphate:—

℞ Magnesium sulphate, ℔ iss.
Granulated sugar, ℔ ss.
Ess. peppermint,
Ext. orange-peel comp.,
Tinct. Jamaica ginger,
Distilled water, of each, ℥ss.
Tinct. cudbear, q. s. to color.

Peppermint is more agreeable to the stomach than wintergreen, and more synergistic with the salts. Dissolve the salts and sugar with heat, and add the stomachics and aromatics. Dose: 1 to 2 or more dessertspoonfuls. — Medical Summary.

Pains of Tabes and Neuritis.

Bouchard recommends small doses of mercury and potassium iodide as a very efficient combination in the treatment of tabetic and neuritic pains, combined as follows:—

℞ Hydrarg. biniodidi, gr. $^{1}/_{6}$.
Potassii iodidi, ʒj.
Aquæ, ℥iij.

M. Sig.: Thirty drops to be injected about the seat of the pain.

The same treatment is also recommended in the obstinate late manifestations of syphilis. It aids in the rapid absorption of the gummatous lesion.—Journal of the American Medical Association.

The Value of Tricresol as an Antiseptic in Ophthalmic Practice.

Dr. Edward Jackson, of Denver, Colo., writes in commendation of de Schweinitz's aqueous solution of tricresol 1 to 1000 as a basis for collyria. Jackson's experience with this solution has convinced him that it constitutes a more nearly ideal antiseptic than any yet tried in ophthalmic practice. When applied to the conjunctiva it causes only a momentary sensation of burning, comparable to the transient smarting induced by simple solutions of eserine or cocaine. He has used it with entire satisfaction as a basis for solutions of cocaine, eserine, and most of the mydriatics. While the solution of 1 to 1000 has a very perceptible odor of tricresol, this smell is not noticeable upon the patient.

Pleasant Method of Administering Turpentine.

℞ Turpentine-oil, ʒiij.
Pulverized acacia,
Sugar, of each, ʒiv.
Comp. spirit of lavender, ʒiij.
Water, ʒvj.

M. Sig.: One to two teaspoonfuls in a little water every three hours.—Texas Medical News.

In Chronic Pyelitis When Pain is Present.

Robin recommends:—

℞ Venice turpentine,
Powdered camphor, of each, ʒiss.
Extract of opium, gr. v.
Extract of aconite-root, gr. iij.

Mix and make into twenty pills.

Sig.: One pill to be taken every eight hours and at the same time a small glassful of infusion of uva ursi, slightly sweetened.—Gaillard's Medical Journal.

To Reduce the Alkalinity of Urine.

Attention has been called by R. Hutchinson to the value of acid sodium phosphate as an acidifier of urine. According to this author it has the greatest acidifying power of any preparation employed. It is a valuable agent in the treatment of cystitis, accompanied by the use of urotropin, which produces its best results in acid urine. The foregoing preparation is readily soluble in water, and may be given in doses of from 30 to 60 grains every three or four hours if necessary.—Journal of the American Medical Association.

Injections of Iodo-ether in Exophthalmic Goiter.

Abodie and Collon recommended the following combination as an injection in the treatment of exophthalmic goiter:—

℞ Iodoformi, ʒj.
Spts. ætheris, ℥v.

M. Sig.: Fifteen minims injected into the enlarged gland every second or third day.

By this mode of treatment improvement was noted in the headache, polyuria, and neuralgic pains, as well as a reduction in the rapid heart-action and the tremor.—Journal of the American Medical Association.

Amenorrhœa.

Lutaud's formula is:—

℞ Powdered damiana, 3 $^{3}/_{4}$ grains.
Powdered savin,
Powdered rue,
Powdered saffron, of each, 1 $^{1}/_{2}$ grains.
Powdered ginger, $^{3}/_{4}$ grain.

M. For one capsule; one, morning and evening.—New York and Philadelphia Medical Journal.

Urotropin as Prophylactic Against Scarlet-Fever Nephritis.

Widowitz has never had a case of nephritis among one hundred and two scarlet-fever patients treated since he introduced the plan of preventive administration of urotropin. He gives from 0.05 to 0.5 gram of urotropin three times a day, according to age, during the first three days of the disease, and again, at the beginning of the third week, for another three days.—Journal of the American Medical Association.

A Tonic for Children.

Iodine is recommended as a tonic and alterative in poorly nourished children, combined as follows:—

℞ Tinct. iodi, gr. lxxv.
Ext. catechu, ʒv.
Alcoholis, ʒiiss.
Glycerini, ℥iij.
Syr. idæi, ℥vij.

M. Sig.: One tablespoonful once or twice daily.

In rachitic children the following has been advised:—

℞ Acidi calcii phos., gr. lxxv.
Tinct. essentiæ anis., ʒiiss.
Syr. simplicis, ℥vj.

M. Sig.: One tablespoonful every morning before breakfast.—Journal of the American Medical Association.

Epilepsy.

W. Alessi recommends the following combination as of great value in the treatment of epilepsy:—

℞ Sodii arsenatis, gr. $^{1}/_{64}$.
Zinci phosphidi, gr. $^{1}/_{14}$.
Calcii phos., gr. j.
Sodii benzoatis,
Pancreatin, of each, gr. iij.

M. Sig.: At one dose three times a day before each meal.

According to the author, the arsenic and zinc preparations are nerve-tonics, the latter being also a nerve-sedative, the former aiding the exhalation of nitrogen. The calcium phosphate reduces cerebral excitability. The pancreatin and sodium benzoate aid digestion and overcome intestinal fermentation.—Journal of the American Medical Association.

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SPECIAL PREPARATIONS OF IRON.

A PARTICULAR interest attaches to all substances which normally enter into the composition of the human body. One of the foremost of these is iron. As an essential constituent of the chief cellular element of the blood it is evidently intended to play a conspicuous part in the great process of nutrition. When we consider its presence in the blood, the tissues, and the food, we can form some realization of its necessity to all forms and manifestations of life. Accordingly, when its proportion is diminished in the blood and, consequently, in the other tissues and organs, the aim of the therapeutist is to restore it to the circulation, either through an increased quantity of alimentary substances containing iron or directly by ferruginous medicinal preparations. Among the latter we have a host from which to choose.

Some acknowledged defects of the ordinary inorganic preparations and salts of iron—useful as they have been in the past, and still are—have inspired a constant effort on the part of pharmaceutists and chemists to combine the metal in such form as will be acceptable to the digestive organs and easily assimilated. Naturally, the most promising path of inquiry seemed to relate to an organic combination, which should approximate the form in which iron is present in the food and appropriated by the human economy in health. If, in disease, the digestive apparatus fails to secure sufficient iron, it becomes our object to provide the element in an acceptable and easily assimilable form. This has been the trend of clinical and chemical experiment for years. In the endeavor to achieve this aim there has been evolved a number of standard, special, and ethical preparations which have become familiar to the profession, each of which is characterized by its own peculiar merits.

There is an ultimate sense in which Nature is inexorable. Within wide limits, however, she allows an ample variety. The necessary elements of nutrition are provided in innumerable forms. In correspondence with this variability the art of the pharmaceutical and physiological chemist has elaborated many preparations containing iron. These differ among themselves in many respects, even as the nutritious juices of animal flesh differ in appearance and taste from a vegetable, such, for instance, as the spinach, and yet each is notable for the amount of iron contained. So with artificial products a wide degree of latitude is admissible, similar to that which exists among the classes of foods. A prime necessity of life is the introduction and incorporation of iron, no matter whence derived.

The most obvious indication for the medicinal administration of iron is when its proper ratio has been lowered in the blood. Anæmia and chlorosis result from a variety of causes, but all agree in the destruction of iron. The lost element must then be replaced. In amenorrhœa, also, the preparations of iron are given with good effect. In the anæmia which occurs in consequence of infectious diseases or toxic influences iron is one of the principal agents upon which we must rely.

Much time has been given to the study of the absorption of iron, but not always with uniform results. It is absolutely certain, however, that enough iron to satisfy the needs of the organism is absorbed in the state of health from the food. Hence the effort to furnish the metal in a form similar to or identical with that in which it exists in our food. In order to meet this demand of the therapeutist two classes of preparations have arisen. One consists of meat-juices, or extracts, constituting a concentrated, palatable, and digestible food. Excellent beef-juice tonics are made and administered in suitable cases with undoubted good effect. Beef peptonoids, hæmoglobin compound, and bovinine are analogous products. Colden's liquid beef tonic is an old and favorably known article.

A second class contains special salts or compounds of iron to be administered medicinally and in certain doses. Of each class we have many representatives from which to choose. We speak only of standard and reliable articles. Of the special preparations of iron there are a number which fulfill all the demands of the clinician. Some offer hæmoglobin itself or in a modified form, others are compounded upon chemical principles. One of the earliest special preparations is dialyzed iron, and this has for many years held an esteemed position in therapeutics. The metal has been associated with one of the organic acids, as in ferrous malate; with a carbohydrate, as lævulose ferride; and with albumin, as iron albuminate. Hæmogallol and hæmol are derivatives of hæmoglobin. The latter has been again combined with other metals in order to extend its sphere of usefulness.

Professor Schmiedeberg extracted from the liver of the hog a reddish-brown powder containing 7 per cent. of iron and which he denominated ferratin. Ferratin has been thought to be identical in form with the iron contained in our food. Hæmoferrum is a proteïd compound of iron obtained from bullock's blood. Ferrinol, feralboid, ferroleum, and ferridine are put forth by houses of established reputation and have secured the confidence of those by whom they have been tested. All of these products and others constructed upon kindred principles have their advocates. Each has its own distinctive properties and merits.

Writing in THE MEDICAL BULLETIN for November, 1903, of our experience with the latest claimant to favor, ovoferrin, we gave some account of its origin prior to describing its action in a number of cases. We had no thought of uttering a single word of disparagement concerning meritorious preparations which have abundantly proved their value, some of which we have ourselves repeatedly prescribed and all of which we know to have been employed by some of the best men in the profession. No articles were condemned even by implication except those which fell below a known standard of usefulness. In reference to the chemical composition of ovoferrin the following words appear: "Has attracted much attention in scientific circles of this country and Europe because it is, in the most accurate, scientific sense, true organic iron, and is conceded to be the first compound of that character ever produced." This statement is but equivalent to saying that the new product has a definite composition of its own, an individuality which is distinct from that of every other compound into which iron enters. The mere fact of its chemical composition does not in itself demonstrate its superior therapeutic efficacy. That question must be settled by clinical experience. Every preparation, combination, compound, or association of substances, not only of iron, but also of every organic or inorganic substance found in the materia medica, must stand upon its own merits. The finer chemical points we will leave to chemists to decide. No condemnation was intended to be implied of other articles, which have always been manufactured, introduced, and sold in an ethical manner and which have stood the tests of time and experience of many observers all over the world.

While ferridine (Gramm) is one of the best of hæmatics, it has the very important property of reducing vascular engorgement and hyperplasia in the most rapid and effective manner. It was this which suggested its use in tuberculosis, and with such surprising results, to reduce the neoplasms and destroy the bacillus — upon which all hope of a cure turns. This reducing action has been used effectively in renal, pulmonary, hepatic, and other glandular engorgements and œdemas. Ferridine has a new therapeutic idea back of it, which suggests many useful applications. It effects clean cures of syphilitic lesions, eczemas, scrofula, etc., and in acute infections delimits the local lesion and preserves the integrity of the blood-corpuscles.

Stability is a sure sign of worth. Medicinal preparations made by reliable houses, with every advantage of method known to science, sold and used for years, need no further or additional testimony to their efficacy. They require only an introduction in order to win their way. An excellent example of this class is Gude's pepto-mangan — liquor mangano-ferri peptonatus. This is a preparation which stands apart from the others and is *sui generis,*—of its own kind. Its peculiar and distinctive feature is that it not only contains iron, but also manganese—both in assimilable form. As manganese occurs in the blood in conjunction with iron, the combination in this remedy is well adapted to be of service. Pepto-mangan has been so long before the profession that its power and virtues are thoroughly known and universally admitted. It possesses an agreeable color and taste and can be taken for a long period without any ill effect upon the digestive function. It is employed in anæmia, chlorosis, amenorrhœa, rachitis, chronic malaria, and in the many morbid conditions dependent upon impoverishment of blood. It is a good tonic in lactation and in the exhaustion due to severe hæmorrhage or prolonged suppuration. It is also given with benefit in tardy convalescence from typhoid fever or other exhausting disease.

The Maltine Company offers, under the name of neoferrum a preparation which combines the synergistic action of iron and manganese with that of maltine. Other ethical combinations of iron with manganese, widely known and employed, are liquor ferri-mangan comp. and ferro-manganese peptonate.

THE EFFECT OF POTASSIUM IODIDE UPON THE EYES.

We are indebted to specialists for many additions to the general fund of knowledge concerning the action of drugs. Every powerful medicinal agent has its drawbacks as well as its advantages. It behooves the general practitioner to study the untoward action of the remedies he prescribes with the same care which he bestows upon their therapeutical properties. The general phenomena of iodism have long been familiar, but it is not so usually recognized, perhaps, that this salt is capable of producing injurious effects upon the organ of vision. Fixed contraction and dilatation of the pupil, photophobia, and hyperæsthesia of the retina have occurred in conesquence of taking iodine in some of its forms. Retinal hæmorrhage has also been observed as a result of its ingestion. Such untoward effects naturally fall under the care of oculists or are referred by the family physician to the specialist.

Upon this subject we find an interesting communication in one of our highly esteemed French exchanges.[1]

The writer states that potassium iodide may produce serious eye trouble, and states that Professor Galezowski has expressed himself strongly in opposition to the use of this preparation in ocular syphilis. As iodine causes dilatation of the cerebral blood-vessels, with a retardation of the circulation, it is to be inferred that it may prove injurious both to the brain and to the retina, which is so intimately connected with the cerebral cells. This is not merely a matter of inference, but, unfortunately, cases have been witnessed in actual practice.

Dr. Bouzitat bases his paper upon a case seen in the Clinic of Dr. Valois, in which the effects were certainly and solely due to the potassium iodide, which had been prescribed on account of a disease of the nose and throat. The patient, a woman, had not had syphilis. She first came to the Clinic on July 19, 1899. There was a slight degree of hypermetropia, and proper glasses were ordered. About a year later she returned with a stricture of the lacrymal duct of each side. The canal was catheterized and injected for some time. Another year passed with no treatment. In 1902 she came to Paris for further treatment, and there, according to her statement, she suffered from corneal ulcer of the right eye, with, later, total necrosis of the cornea and prolapse of the iris.

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[1] "Les manifestations oculaires de l'iodure de potassium." Par le Dr. Bouzitat, de Moulins. Recueil d'Ophtalmologie, Octobre, 1903.

On April 18, 1902, she returned to the Clinic with a purulent focus in the right cornea and lacrymation of both eyes. Catheterism and injections were employed for five months, but without avail. At this epoch she entered the hospital. There was then upon the left cornea a large ulcer, which was very carefully treated by means of douches, atropine, yellow pomade, silver nitrate, and copious antiseptic injections into the lacrymal passages. Nevertheless, the ulceration extended; the cornea became white and completely infiltrated. The patient could with difficulty perceive light. Fearing the influence of the atrophied right eye an enucleation was performed, but this operation was equally without benefit. The left eye grew worse every day, notwithstanding all the efforts which were made.

It was at this time, upon the occasion of a morning visit, that the patient asked if she should still continue to take the iodide. Only then was it learned that she had for more than three months been taking every day a drachm of potassium iodide which had been prescribed by a physician whom she had consulted on account of an affection of the nose.

The iodide was completely suppressed and from that moment ensued a rapid improvement. The ulcer cicatrized in a short time. The infiltration of the cornea disappeared and sight returned. At the date of the report there remained a rather large leucoma, which, however, did not prevent vision. The patient was perfectly able to distinguish objects. In view of the rather bad condition of the nose, throat, and ear, and especially of the lacrymal passages, there was doubt as regards the advisability of doing an iridectomy, which might, perhaps, have rendered sight more satisfactory, if not good.

The author considers that, in his patient, the action of the iodide upon the conjunctival mucous membrane, and especially upon the glands of the conjunctiva, had been greatly exaggerated by the infected state of the nasal fossæ and lacrymal canal. In any other person the salt would have excited a catarrhal conjunctivitis dependent upon the increased secretion of the glands. If the epithelium of the cornea had been destroyed the evil would have ceased at that point. But in the patient in question the already existing infection of the lacrymal passages had communicated itself to the lacrymal glands; the least gate of entry was then sufficient to produce an abscess of the cornea, against which the physicians were disarmed, for the corneal ulcer was in constant contact with the infected conjunctival secretion. It is not necessary, therefore, in the opinion of Dr. Bouzitat, to be too exclusive and to impute to the iodide all the disasters which occurred to the eyes. The patient, however, undoubtedly belonged to a class in which the administration of iodine demands a constant watchfulness, viz.: those afflicted with disease of the lacrymal ducts. He compares them to those in whom the absorption of mercury provokes serious stomatitis: the condition of their mouth and teeth predisposes them to this sort of accidents. In the same manner the state of the nasal and ocular mucous membranes of such people as Dr. Bouzitat's patient renders them peculiarly susceptible to corneal complications developing under the influence of the potassium iodide.

This is a very interesting and significant case. Incidentally we may draw a further lesson from the history. It is important that hospital physicians should seek to inform themselves whether their patients are surreptitiously using any medicaments which they had brought with them into the hospital and which might, as in this unfortunate case, nullify the effects of the best directed treatment.

Correspondence.

THE LATE DR. WILLIAM S. STEWART.

DR. WILLIAM SHAW STEWART, one of the founders of the Medico-Chirurgical College, was born at Stewart's Station, near Pittsburgh, Pa., on November 13, 1838. He was the grandson of John Shaw Stewart, of the Revolutionary Army.

His early training was received in the public schools, and later his preliminary education was completed in Jefferson College (now Washington and Jefferson College), from which he was graduated in 1860.

Dr. Stewart took his medical degree in 1863 at Jefferson Medical College, Philadelphia, and immediately passed the examination for the Federal Army, becoming assistant surgeon of the One Hundred and Twenty-third Pennsylvania and Eighty-third Maine regiments. He was offered full surgeon's commission to remain with the army at the close of the Civil War.

After he returned from the war he settled at Philadelphia for general medical practice, although he early manifested a strong predilection for obstetrics and gynæcology, and throughout his long career gave ample proof of his skill, more particularly as an obstetrician.

He was called to the chair of obstetrics and clinical gynæcology at the Medico-Chirurgical College, and acceptably filled the same until 1892, when he resigned. He was now made professor emeritus and continued to be identified with the general interests of the college he had so long served until the time of his death.

Dr. Stewart was the inventor of an obstetric forceps with detachable blades, whereby he made the medical profession his debtor.

As stated above, Dr. Stewart was a founder of the college; he was its first dean, a position which he held for a period of ten years, and as the executive officer of the faculty the moral influence of his personal character over the student body was wholesome and elevating. The significance of his work and tireless exertions, in relation to the early development of the Medico-Chirurgical College, is not inferior to that of any other name.

Students found him, and he continued through life, cordial, kind, and sympathetic. Dr. Stewart never used "falsetto adjectives"; he was sincere, frank, and warm-hearted. No man appreciated to a greater extent than he kindness in private life, and no man bestowed kindness more freely upon his friends and patients.

He was the first member of the faculty of the Medico-Chirurgical College who, after severing his connection with the school and relinquishing all active work, evidenced his loyalty and continued interest by securing an endowment of $3291.07 for the Medico-Chirurgical Hospital. May his noble example in this respect stimulate others who are likeminded to accomplish similar practical results for this and other charitable institutions!

The important place he held in the general development of the college and hospital during the earlier, trying, period of these combined institutions, was pointed out above. Thus, Dr. Stewart had a double claim on the present-day friends of the Medico-Chirurgical College and Hospital.

Dr. Stewart was by nature intended for the medical profession; his instincts were humane, and his personal interest in, and sympathetic devotion to all who came under his care, whether rich or poor, were great.

Without any pretension to original investigation, he kept himself well informed by devoting available moments of time to the reading of medical literature, and, until within a few years of his death, was an active participant in the deliberations of the local, State, and national medical societies, of which he was an honored member. He was one of the founders of the American Academy of Medicine. Dr. Stewart was also a member of the Pennsylvania Scotch-Irish Society, of which he was very proud. For some years, Dr. Stewart was a director of public schools, and thus became widely known in educational circles; he also held membership in the Grand Army of the Republic, the Loyal Legion, and the Academy of Natural Sciences. Dr. Stewart contributed a number of articles to medical literature, the most interesting and characteristic dealing with obstetrical subjects.

Dr. Stewart died suddenly at his home in Philadelphia; he was dressed to go out on the morning of November 25th, but at 9.45 A.M. the attack caused by "fatty degeneration of the heart," which, if suspected by him, was not intimated, developed. He suffered from oppression until 4.30 P.M. and at 5 o'clock he quietly passed away. Dr. Stewart, at the time of his death, was a trustee in Calvary Presbyterian Church, of Philadelphia, and the characteristic most conspicuously displayed by his kind spirit was his Christian helpfulness.

Dr. Stewart manifested an intense sympathy with the Medico-Chirurgical Branch of the Y. M. C. A., and was constantly engaged furthering the interests of that valuable and helpful student organization. He married Miss Delia L. Allman, of Philadelphia, by whom he had five daughters. Mrs. Stewart, during the time of Dr. Stewart's incumbency of the chair of obstetrics, took an active interest in the management of the Medico-Chirurgical Hospital wards. Our professional friend and brother has simply exchanged his earthly abode for another; his "spirit was not of the world, but of Christ."

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Philadelphia.

Medical News and Miscellany.

Annual Reception of the Alumni Association.—On the evening of December 3, 1903, the Alumni Association of the Department of Pharmacy of the Medico-Chirurgical College held their sixth annual reception. The occasion was of much interest and greatly enjoyed by all who were fortunate enough to be present.

The Mütter Lecture.—The Mütter lecture on surgical pathology of the College of Physicians of Philadelphia for 1903 was delivered on the evening of December 1st by Dr. C. N. B. Camac, of Cornell University, who took for his subject: "Some Observations on Aneurism and Arteriosclerosis."

Academy of Natural Sciences.—At a meeting of the Academy of Natural Sciences of Philadelphia, held on the evening of December 1, 1903, Dr. Henry Skinner made a communication on the coleopterous family *Stylopidæ*. Dr. Benjamin Sharp spoke of the fishes of Nantucket.

Dr. Alfred Gubb.—Dr. Gubb announces his removal from Paris and location in Mustapha Superieur, Algiers.

A New Periodical: Los Angeles Medical Journal.—We are in receipt of an initial number of the Los Angeles Medical Journal, published under the editorial management of Dr. Ernest S. Pillsbury, assisted by a staff of associates and a number of collaborators. We welcome the new journal into the fold and hope that it will meet with success.

Obituary.—*William Matthew Warren.*—We have received a card announcing the death of William Matthew Warren, of Detroit, lately the manager of the large business of Parke, Davis & Co. Mr. Warren's career was cut short prematurely, but it had been conspicuously successful and may serve as an example to youth. Few are endowed with the energy, insight, and capacity of Mr. Warren, but all may imitate the industry and integrity which were such marked traits in his character. All may strive, like him, to fulfill their duties wherever they may be placed. Entering the service of Parke, Davis & Co. when a lad of seventeen, he rose steadily through its various grades until at thirty-two he filled the highest place in the gift of the house, that of general manager. Mr. Warren was a man of lovable character and endeared himself to all with whom he came in contact. The directors, executives, and employees of Parke, Davis & Co. have issued a beautiful tribute to the memory of Mr. Warren, whom they all loved as a valued friend. "His strength lay as much in moral weight as in mental endowment, and his remarkable success was only the destiny of character."

Dr. Simon Pollak.—Dr. Simon Pollak died at his home in St. Louis, Mo., at the age of 89 years. Dr. Pollak was a native of Prague, Bohemia, but had practiced medicine in St. Louis for sixty years, and had been identified with all progressive movements of medicine, sanitation, and philanthropy in the Mississippi Valley. He was a graduate of the University of Vienna. He assisted in establishing the first dispensary in St. Louis. He was one of the principal organizers of the Missouri School for the Blind, for which institution he always had the greatest interest. He founded the first eye and ear clinic in St. Louis, in 1861, and gave it his services until his death.

Dr. Joseph McFadden Gaston.—Dr. Gaston died in Atlanta, Ga., at the age of 79 years. He was well known as a surgeon. He was Professor of Surgery in the Southern Medical College, of Atlanta. The deceased was a member of the American Medical Association and many special societies. He was an authority on intestinal surgery and a pioneer in the surgical treatment of intestinal diseases.

Dr. Julius J. Chisolm.—Dr. Chisolm died at Petersburg, Va., at the age of 73 years. He was long a professor in the University of Maryland School of Medicine, at first of surgery in conjunction with diseases of the eye and ear, subsequently resigning surgery and devoting himself to his specialty. He was an excellent teacher, a prolific writer, and a skillful operator. The great work of his life was the founding, in 1877, of the Presbyterian Eye, Ear, and Throat Hospital of Baltimore, one of the largest special hospitals of the country. In 1887 he was chairman of the Ophthalmological Section of the International Medical Congress.

Dr. Herbert A. Starkey.—Dr. Starkey was a graduate of the Medico-Chirurgical College, class of 1889. After his graduation he practiced in Illinois and was surgeon to the Grand Trunk and Illinois Central Railways. He did excellent work at Johnstown after the flood and at Chicago during the small-pox epidemic of 1894. In 1895 Dr. Starkey settled at Sleightsville, N. Y., where he died suddenly in his chair. He had been a sufferer from disease of the heart.

Dr. Charles Shaffer.—Dr. Shaffer departed this life at his home in Philadelphia at the age of 65 years. The deceased was a member of the Philadelphia County Medical Society, Academy of Natural Sciences, and many other learned societies. He was greatly interested in the physical sciences, and had given special study to botany, being regarded as an authority on the mountainous flora of British Columbia.

Dr. Robert Wood Mitchell.—Dr. Mitchell died in Memphis, Tenn., from heart disease, after a brief illness at the age of 71 years. He had been Professor of Materia Medica in Memphis College, was a founder of the City Hospital of Memphis, and had done faithful work in yellow-fever epidemics. He was a member of the American Medical Association and other professional societies.

Dr. W. W. Seely.—Dr. Seely died in Cincinnati, aged 65 years. He was best known to the profession as an ophthalmologist and as secretary and dean of the Ohio Medical College, positions held by him for many years.

Dr. Archibald Atkinson.—Dr. Atkinson, Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Baltimore, and later in the Baltimore Medical College, died at his home in Baltimore from Bright's disease at the age of 71.

Otto J. F. Nasse.—Dr. Nasse, Professor of Pharmacology and Physiological Chemistry at Rostock from 1880 till 1899, died at Freiburg. The deceased had published works on the physiology of peristalsis and on the striped muscle-substance.

D. Tibone, M.D., one of the most prominent gynæcologists of Italy, died suddenly at Rome, aged 70. He had been Professor of Obstetrics and Gynæcology at Turin for thirty-eight years.

Friedrich Betz, M.D., died at Heilbronn, aged 84. He founded the medical journal, Memorabilien, in 1856, and conducted it until last year, when its suspension was announced.

R. Seccondi, M.D., Professor of Ophthalmology at Genoa and a prominent member of the Italian senate, recently departed this life.

Cincinnati City Hospital.—The Cincinnati City Hospital has added a department of obstetrics to be under the charge of Drs. W. H. Taylor and G. M. Allen.

The December Lippincott's Magazine.—The Christmas edition of Lippincott's Magazine is the medium for one of the most catchy novels of the season. Its title is "The Fascinating of Mr. Savage," and Helen Milecete is its author. In few words it deals with the racy adventures of a young woman seeking a rich second husband. The author's character work is acute and consistent, and the magnetism of the widow is so powerful as to reach the heart of the reader and create hopes for her success.

It has been a long time since Mrs. A. L. Wister could be induced to give the reading world one of her inimitable translations. "The Coat at the Furrier's," a story in letters by Ludwig Fulda, is published in Lippincott's Christmas issue and carries with it the same old-time charm that her name implies.

Guy Wetmore Carryl contributes, a Christmas love-story called "The Reward of Virtue," which is bright and sympathetic. "A Redwood Santa Claus," by Jerome Case Bull, tells a story of a little boy's determined efforts to have a Christmas-tree. Alfred Sutro has written many good tales, but none better than "The Bread on the Waters." It is the story of a misunderstood proposal of marriage. A little Christmas sketch by Clinton Dangerfield called "Death and Life" is a vision full of meaning. "His Hour of Greatness," by Elizabeth Knight Tompkins, a charming story of modern life, is remarkably well written and absorbingly interesting. "His Wife" is an entertaining short story by Tryntje Dubois. A humorous contribution from Mary and Rosalie Dawson entitled "The Pastry-knife Passover" closes the issue. This is about a Christmas present which passes from one person to another until finally, in the form of a wedding gift, it returns to the girl who started it on its journey.

George Moore's "Avowals," a literary criticism of value, is continued in Part IV. In speaking of Tolstoy this critic says, "Tolstoy's extraordinarily intense intelligence is the cause of Tolstoy's folly, and his intelligence is extraordinarily intense because it is extraordinarily narrow."

Christmas verse is contributed by Lizette Woodworth Reese, Charles Hanson Towne, Susie M. Best, Minna Irving, Agnes Lee, and Helen M. Richardson; and the "Walnuts and Wine" are spicier than ever this month in honor of the season of good cheer.

December McClure's.—McClure's Magazine for December is decidedly Christmasy, with its beautiful illustrations—many in tint—and amiable fiction. "When Elizabeth Went Home," by Ethel Bowman Ronald, is a tale of a lonely young wife who almost deserts her husband and her Dakota home in a burst of nostalgia for the Christmastide of her mother's house, but who is brought back in time to her finer duty. "The Celestial Garment" is a story by Mary Talbot Campbell of a child who gets her much-longed-for and very necessary party-dress "from heaven, right through mama's heart." The "Christmas Chimes," of Margaret Cameron, is a delightful comedy, permeated with the fragrance of holly and the warmth of yule-log. "Ellie's Furnishing" is a new story by Helen Reimensuyder Martin, dealing with a little soul-struggle of two conscientious New Mennonites. In contrast with the tranquil sweetness of these stories are Colin McKay's "Coming on the Coast," full of the strain and struggle and heroism of man battling the elements; and "The Call," by James Hopper, a strange, weird story of the Philippines. For those that like humor unalloyed there are O. Henry's "Pimienta Pancakes," and Sidney C. Kendall's "On the Trail of the Serpent." Among the articles are Miss Tarbell's resumption of her *exposé* of Standard Oil moral turpitude; and Ray Stannard Baker's "Lone Fighter." La Farge begins his series on a "Hundred Masterpieces of Painting," by a splendid article on "Portraits of Civic Life"; and Clara Morris has a chat about Ellen Terry and Mrs. John Drew.

Prof. L. Webster Fox's New Book on Diseases of the Eye.—In presenting "Diseases of the Eye" the publishers beg leave briefly to review its various merits. The book is intended primarily for the use of the student, but contains much material of inestimable value to those more advanced in the subject of ophthalmology. In accordance with this aim the arrangement of the chapters has been made to differ from other works on the same subject. The development and anatomy of the eye and its appendages are first considered, in order that this elementary knowledge may be refreshed in the reader's mind. The diseases are then taken up in the order in which the various structures attacked are encountered in going from before backward, as, for instance, the eyelids are first met with and consequently their various affections are first described; following this chapter comes that on diseases of the lacrymal apparatus, then diseases of the conjunctiva, and so on. Following the diseases of the various individual ocular structures are those attacking the entire eyeball, such as glaucoma and sympathetic ophthalmia. All the diseases are described fully under subheadings of etiology, pathology, symptoms, diagnosis, treatment, and prognosis, thus serving materially to lessen the burden of the student. Differential diagnosis is given in the most minute detail, great stress being laid upon the importance of distinguishing such serious diseases as iritis, glaucoma, albuminuric retinitis, etc.

The technique of sciagraphy in locating foreign bodies in the eyeball is given in detail in a separate chapter, which is well worthy of careful perusal. The influence of diseases of the adjacent structures in producing affections apparently connected with the eye is amply recognized in the chapter entitled "Diseases of the Orbit," and here the differential diagnosis is given a very prominent position. The relation of the various affections of the human economy to ocular diseases is fully discussed under a separate chapter, and this serves to increase the value of the book as a work of reference indispensable to the general practitioner. The same may be said of the chapter on "Pupil in Health and Disease," in which the most important conditions and reactions are described in a very concise manner. Refraction and muscles are taken up in the latter portion of the book, on account of the general effect they exert on all abnormal ocular conditions and also on account of the ease with which these subjects may be grasped after the eye in general has been carefully studied. In the appendix a very useful fund of information may be found, comprising operative technique, formulas, and definitions of ophthalmological terms. The author, being a clinician of large experience in this country and abroad, has endeavored to present the clinical aspects of the various conditions, suppressing details of histological pathology and bacteriology to a large extent in order to prevent needless confusion in the mind of the student. Operations are considered at great length, seven of which are original with the author. All the modern appliances have been described and the individuality of the work is shown by six forms of apparatus bearing the author's name. Quotations and references to other observers are frequently made and are incorporated in the text without any change in the type, thus making the pages more easily read.

Hospital Incorporated.—Mercy Hospital, Columbus, Ohio, has been incorporated with a capital stock of $60,000.

Vital Statistics.—At the recent meeting of the American Public Health Association, held at Washington, the Committee on Vital Statistics reported that effective co-operation had been instituted between that Association, the Conference of State Boards of Health, the American Medical Association, the United States Census Bureau, and the United States Public Health and Marine-Hospital Service for the improvement of the vital statistics of this country. Among the objects sought are the extension of adequate methods of registration, the use of uniform and comparable tables and rates in bulletins and reports, and the improvement of the international classification of causes of death. A pamphlet on "Statistical Treatment of Causes of Death" has been issued by the United States Census Bureau, requests for which should be addressed to Mr. W. A. King, Chief Statistician for Vital Statistics, Census Bureau. It has special reference to the difficulties encountered in compiling deaths returned from several causes, and asks for the co-operation of the profession in framing a thoroughly satisfactory method of procedure in such cases.

Dr. Giles C. Savage, of Nashville, Tenn.—In the November issue of THE MEDICAL BULLETIN a paragraph headed "Vanderbilt Faculty Change" contained several misstatements regarding Dr. Savage. Dr. Savage's first name is not George, but Giles. While he is the secretary of the faculty, he is also Professor of Ophthalmology, and he is as much delighted now with his work of teaching ophthalmology as he ever was. He has taught, for the past seventeen years, diseases of the ear, throat, and nose in connection with his teaching of ophthalmology, but, in compliance with his expressed desire, the teaching of the diseases of the throat, nose, and ear was transferred to Professor Price, who is also Professor of Physiology. Until Dr. Savage reaches the time of life when he may wish to retire, he will continue to teach ophthalmology.

Mississippi Valley Medical Association.—The thirtieth annual meeting of the Mississippi Valley Medical Association will be held at Cincinnati, Ohio, October 11, 12, and 13, 1904. Dr. B. Merrill Ricketts has been elected Chairman of the Committee of Arrangements.

The following are the officers of the Association elected at Memphis: President, Edwin Walker, M.D., Evansville, Ind.; President-elect, Hugh T. Patrick, M.D., Chicago, Ill.; First Vice-President, Bransford Lewis, M.D., St. Louis, Mo.; Second Vice-President, George W. Cale, Jr., M.D., Springfield, Mo.; Secretary, Henry Enos

Tuley, M.D., Louisville, Ky.; Assistant Secretary, S. C. Stanton, M.D., Chicago, Ill.; Treasurer, Thomas Hunt Stucky, M.D., Louisville, Ky.

The following resolution was offered by Dr. S. P. Collings, of Hot Springs, Ark., at the Memphis meeting:—

WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures; therefore, be it

Resolved, That it is the sense of the Mississippi Valley Medical Association that measures be taken by Boards of Health, Boards of Education, and school authorities, and, where possible, legislation secured, looking to the examination of the eyes of all school-children, that disease in its incipiency may be discovered and corrected.

Eddyite Not Appointed a Guardian.—Judge Cleveland, of New Haven, recently refused to appoint an Eddyite as guardian to the 9-year-old daughter of Isaac W. Stiles, of New Haven. The judge made this decision after asking some questions as to prospective conduct in case of the serious sickness of the child.

Dr. M. Allen Starr.—Dr. M. Allen Starr has been elected a corresponding member of the Neurological Society of the United Kingdom, London, in recognition of his contributions to the study of nervous diseases.

Dr. William R. Pryor.—On invitation of Dr. John M. Fisher, president of the Philadelphia Obstetrical Society, Dr. William R. Pryor, of New York, delivered an address on "Puerperal Sepsis" before that body. He was afterward entertained at a dinner, and a reception and smoker were given in his honor.

Dr. J. Alexander Browne.—Dr. J. Alexander Browne has been elected health officer of Paterson, N. J., *vice* Dr. Bryan C. Maginnis.

Love is Blind.—They were snuggling on the parlor sofa, and the lights were low. "Do you believe that love is blind?" she murmured. "Sure," he replied. "It's out of sight."

New York in 1909.—An imaginative sketch in the December Cosmopolitan endeavors to describe some of the most important conditions in New York in the year 1909, that being the year in which New York will celebrate the three hundredth anniversary of the arrival of Hendrik Hudson. The article is by Mr. John Brisben Walker, and covers amusements, the new education, transportation, and many other subjects, which concern the prosperity not only of New York, but of other fast-growing cities. Another article which is semiprophetic in character is "Zion, the Capital of a Jewish Nation," by Prof. Richard J. H. Gottheil. It will be widely read by those who feel an interest in the evolution of the Jewish race.

Dr. Carl Hiller.—The City Hospital, of Cincinnati, Ohio, has appointed Dr. Carl Hiller bacteriologist of the institution in place of Dr. A. B. Devers, resigned.

Ingenious Farmers.—A short illustrated article in the December Cosmopolitan shows what the poorest farmers can accomplish when driven to the last ditch. Home-made wind-mills constructed of box-boards, barrel-staves, scrap-iron, and odds and ends of discarded threshing-machines and farm implements, costing in cash about thirty cents, have been made in the prairie States to irrigate farms, pump water for thousands of cattle and sheep, shell corn, and relieve the farmer of what used to be the hardest manual labor.

Quincke's Silver Jubilee.—The former assistants of Prof. H. Quincke gathered from far and near to do him homage on his jubilee, and the attendance at the banquet was limited to those who had served as his aids at any time. The next day he invited them all to lunch at his home, and the festivities closed with a torchlight procession in his honor arranged by the students. The list of his assistants includes such names as Bertheau, Kirchhoff, Brockendahl, Hoppe-Seyler, von Starck, and Glaevecke. Quincke is now in his 61st year.

Dr. D. A. Shirres.—Dr. D. A. Shirres, of Montreal, has been appointed neurologist to the Montreal General Hospital.

Professor Baccelli. — Prof. Guido Baccelli, the distinguished physician of Rome, who at present holds the portfolio of agriculture in the Italian government, has been elected a corresponding member of the Paris Académie des Sciences in the section of medicine and surgery in the room of the late Professor Ollier, of Lyons.

Weir Mitchell Guest of Honor.—At the regular meeting of the Medical Club of Philadelphia, November 20th, which was of the nature of a smoker held four times a year at the Hotel Bellevue, Dr. S. Weir Mitchell was the guest of honor.

Dr. Alfred Heineberg. — Dr. Alfred Heineberg has been appointed assistant demonstrator of gynæcology in Jefferson Medical College.

Flynt and Steele.—We cull the following from the Atlanta Journal-Record of Medicine:—

Recently in Atlanta a Miss Flynt married a Mr. Steele. The sparking, however, preceded the union, which was solemnized in due form by one of the big guns in the Methodist church and did not, like so many affairs of the heart, flash in the pan. The tender flame has ere this softened the heart of flint and bent the resisting steel.

Chorea and Graves's Disease.—Sutherland states that, while the nature of the association between chorea and Graves's disease is still under discussion, all are agreed that movements of a choreiform type are sometimes manifested in Graves's disease. Two cases in which this disease followed chorea are described. In the first patient the effects of the prolonged attack of chorea had never quite passed off and palpation and trembling existed for some time before the cardinal symptoms of Graves's disease became very marked. The theory is advanced that inasmuch as the pathology of this condition is as yet entirely unknown, it is possible that they depend upon a somewhat similar affection of the central nervous system and that in childhood they produce the symptoms of chorea, while in early adult life it is manifested by the group of symptoms known as Graves's disease. Clinically they present many similarities. There is in both an inherited neuropathic tendency. In many cases there is a history of rheumatism and heart disease. The immediate attack in both is frequently some sudden shock to the nervous system, such as fright, disappointment, and emotional experience.—Interstate Medical Journal.

Warren Triennial Prize.—The Warren Triennial Prize (founded by the late Dr. J. Mason Warren in memory of his father) of $500 will be awarded in 1904 for the best dissertation on some subject in physiology, surgery, or pathological anatomy, the arbitrators being the physicians and surgeons of the Massachusetts General Hospital. A high value will be placed on original work. Competing essays must be legibly written, and suitably bound, so as to be easily handled. The name of the writer must be inclosed in a sealed envelope, on which must be written a motto corresponding with one on the accompanying essay. Any clew given by a dissertation or by a writer which reveals his name before the award of the prize will disqualify him. If no essay is considered worthy, no award will be made. April 14, 1904, is the last day on which manuscripts may be received by Dr. Herbert B. Howard, resident physician, Massachusetts General Hospital, Boston, Mass.

Dr. William F. Snow.—Dr. William F. Snow, Assistant Professor of Hygiene at

Leland Stanford University, has been made associate professor in the same department.

Colonel Aloysius P. O'Brien, M.D.—Dr. Aloysius P. O'Brien, of San Francisco, has been commissioned colonel and surgeon-general of California.

Appendicitic Nephritis and Albuminuria.—Dieulafoy reveals another instance of the insidious treachery of the toxins generated in appendicitis by pointing out their action on the kidneys. The poison injures these organs surreptitiously, without calling attention to its work, and the only external evidence of it is albuminuria. Since he has been studying this phase of appendicitis he has found that every appendicitis of any severity has been accompanied by albuminuria, with or without casts. It appears the second or third day and may be accompanied by a subicteric complexion. The albumin may amount to as much as 0.25, 0.5, or 1 gram or more; in several cases he has witnessed the gradual subsidence of the albuminuria after the appendix has been removed. In these cases the kidneys have only been lightly touched by the toxins, but in others the lesions are fatally serious. In one case the kidneys, as usual, appeared sound to the eye, but the microscope revealed *nécrose de coagulation* and granular fragmentation of the epithelial protoplasm. This patient had succumbed on the fourth day of a toxic appendicitis. In another similar case lesions of necrosis and degeneracy were restricted to the secretory apparatus of the kidney. These and similar cases known to Dieulafoy indicate that death was due to a profound intoxication of the organism rather than to the infection *per se.* The noble elements of the kidney are evidently affected by the cytotoxin generated in appendicitis, and the cells of the liver and stomach are liable to share the same fate. During the fatal cases above mentioned the temperature never rose above 100.4° F., and the pulse did not betray the severity of the intoxication. He thinks that the knowledge of the frequency with which the kidneys are damaged even in the earliest stages of appendicitis will impel the profession to operate early and not wait for the attack to subside. It is very probable that these appendicular toxins generated in acute and chronic appendicitis may be responsible, to a certain extent, for the development later of chronic nephritis and Bright's disease, and also for pathological conditions in the liver, especially for cirrhosis of intestinal origin.—Journal of the American Medical Association.

Manitoba Medical College.—The following changes in the staff have been made since last session: Dr. J. O. Todd has been elected to the chair of anatomy in succession to the late Dr. Neilson. Dr. James McKenty and Dr. James Pullar have been appointed assistant demonstrators in anatomy. Dr. W. L. Watt will conduct the practical and physiological chemistry, and Mr. J. S. Pierce will teach the organic and inorganic chemistry.

Dr. Ernest C. Leonard.—Dr. Ernest C. Leonard has been made lecturer on materia medica at Maryland Medical College.

Northwestern Faculty Changes.—At the meeting of the board of trustees of the Northwestern University Dr. Charles L. Mix was elected Professor of Physical Diagnosis to fill the vacancy left by the resignation of Dr. George W. Webster; Dr. Frederick Menge was elected Assistant Professor of Laryngology and Rhinology; and Dr. William A. Mann was elected Assistant Clinical Professor of Ophthalmology and Otology.

Chester Hospital Staff Organized. — At the annual meeting of the staff Dr. J. L. Forwood was re-elected chief of the surgical staff and Dr. D. M. McMasters chief of the medical staff. Dr. F. Farwell Long was assigned as lecturer on special surgery; Dr. Ellen E. Brown, on obstetrics; Dr. J. L. Forwood, on general surgery; Dr. Katherine W. Ulrich, on diseases of children; Dr. F. Otis Bryant, on anatomy; Dr. Samuel R. Crothers, on emergencies; Dr. D. M. McMasters, on general medicine; Dr. Edward W. Bing, on materia medica; Dr. L. Haines Crothers, on hygiene; and Dr. Leon Gottschalk, on physiology.

The Complication of Angina with Acute Thyroiditis.—Lublinski has observed four cases, in women, who never at any time had a swelling of the gland. The angina, which was accompanied by fever up to 39° C., was followed by a painful swelling of the gland, with only slight dyspnœa or dysphagia. In none of the cases was suppuration of the gland found.—St. Louis Medical Review.

Queen's University, Kingston.—Dr. Herald has resigned as secretary-treasurer of the faculty of Queen's University, Kingston, and Dr. W. T. Connell has been appointed to the vacancy; Dr. A. R. B. Williamson has been appointed lecturer on medical jurisprudence and toxicology.

Resignation.—Dr. von Eberts, registrar of the faculty of medicine of McGill University, has resigned and will resume private practice.

Dr. William Osler.—Dr. William Osler has been elected president of the New Sydenham Society of London.

Dr. Reed B. Bontecou.—Dr. Reed B. Bontecou, of Troy, N. Y., was tendered a reception by the Rensselaer County Medical Association, of which he is one of the oldest members.

Hæmorrhage from One Nipple: Hæmophilia (?).—Krukowski attended a Jewish multipara, aged 54, for pains in the ankles and left elbow-joint. She was also much alarmed on account of occasional hæmorrhage from the left nipple, which was sometimes very free. It had continued for two years, and prevailed more in summer than in winter. The patient had borne ten children, nine of whom were living. The first bled freely when circumcised, and died of small-pox when an infant. The second had been subject for two years to epistaxis; he also suffered from dangerous hæmorrhage after circumcision. The patient's menopause was complete at 48. She had suckled all her children. Krukowski suggests that perhaps the fact that she had been continually bearing or suckling children for twenty years might account for the bleeding through the medium of a profound neurosis, but the fact that only one nipple bled is against this theory and against the probability of an alteration of the constituents of the blood. The patient's relatives were healthy, but it appeared that there was a tendency to bleed in the male line, though not in her mother's family. The elbow was fixed with atrophied muscles; the ankle-joints stiff, their integuments red and swollen; there were many varicose veins in the lower extremity. Both mammæ were free from evidence of any new growth; blood flowed rapidly from the left nipple on pressure.—British Medical Journal.

Dr. B. Franklin Stahl.—Dr. B. Franklin Stahl has been appointed medical director of St. Agnes's Hospital, *vice* Dr. William H. Parish, deceased.

University of Southern California.—At a recent meeting of the faculty of the Medical College of the University of Southern California the resignation of Dr. J. H. McBride as dean was received, and Dr. Walter Lindley was elected to fill that position.

Sir Michael Foster's Successor.—On November 6th Mr. John Newport Langley, D.Sc., F.R.S., Fellow of Trinity College, was elected to fill the professorial chair in physiology in the University of Cambridge, vacant by the resignation of Sir Michael Foster, M.P.

University of Buffalo: The D. W. Harrington Lectures.—The medical faculty of the University of Buffalo chose Dr. Samuel J. Meltzer, of New York, to deliver these lectures for 1903. The subject selected for Dr. Meltzer was "Œdema: a Consideration of the Physiological and Pathological Factors Concerned in its Formation." The lectures were delivered in the medical college, November 30th, and December 1st, 2d, and 3d. These are the first lectures given on this foundation; they will be given as often as the income from the fund will warrant.

Gift to Columbia.—Dr. George Lefferts, in retiring from the chair of laryngology next June, when he will have served over thirty years in professional work, will give to the college his collection of apparatus illustrating the anatomy of the larynx and nose. The gift will be known as the "Lefferts Collection."

Prostatitis due to Intestinal Lesions.—It is usual to regard prostatitis as related to some affection of the urethra or bladder. There are cases, notwithstanding, which can be traced to intestinal absorption, and it is important to recognize them, as the treatment differs considerably. Le Clech has investigated this variety of prostatitis, of which he has collected a considerable number. Prostatitis of intestinal origin, in common with chronic forms of the disease, sets in gradually; in fact, it is uncommon for the patient to complain of any inconvenience until an acute exacerbation sets in, accompanied by feeling of weight, pain, and difficulty in micturition. Treatment consists in relieving constipation, hæmorrhoids, or any anal lesion which may be present, and the daily administration of a glass of one of the usual waters may prove of considerable value. In some cases the dilatation of the anal sphincter may afford immediate relief, as spasmodic contracture is very frequently present. Should there be a more general lesion of the intestinal tract, purgatives, copious injections, and milk diet are indicated, and at the same time protargol (1 to 7 per cent.) or silver nitrate (1 to 5 per cent.) may be injected into the bladder. Local massage to the prostate will be of benefit, and the administration of a suppository containing extract of belladonna. On the authority of Guyon, massage is one of the most valuable methods of dealing with chronic prostatitis. In the majority of cases patients recover completely, though the time which is required varies from four weeks to three months. Frequently this form of prostatitis is met with in elderly persons who suffer from habitual constipation, sometimes as the result of dysentery, hæmorrhoids, or any condition which may cause intestinal infection.—British Medical Journal.

Leukoplakia of the Cervix Uteri.—Leukoplakia of the tongue and buccal mucosa is of frequent occurrence; more rarely does one meet it at the vagina or vulva; most rarely has it been described as located on the neck of the womb. The author has met one instance. The patient was a woman of 50, who gave a history of menorrhagia. The menses became irregular, some assuming the character of prolonged hæmorrhages. The usual associations of hæmorrhage made their appearance. There was a possible history of syphilis. Her mother had died of cancer at about the age of 50. The uterus was not enlarged. The cervix was large; hyperplastic, with everted lips; and bled easily. On the anterior lip there were two patches of a mother-of-pearl whiteness, with the characteristic appearance of lingual leukoplakia. These patches had existed several years and had been recognized by a number of physicians.—Post-graduate.

Eczema Cured by Measles.—G. W. Squires reports the following interesting case: Mark D., aged 18 months, naturally born and healthy at birth, at the age of 10 months became sadly afflicted with facial eczema. Except for some constipation and the eruption the child seemed perfectly healthy. Various kinds of medicines within and ointments and washes without were ineffectual. The exudation of serum was such that at night the pillow on which the child lay would be wet, and often when the crusts formed and cracked, the child's hands and the sheets and pillows would be stained with blood. At this juncture, when the parents were despairing of a cure, an older brother contracted measles and had a severe attack. Much alarm was felt lest the baby should contract the measles, and, with his already bad skin eruption, die. The baby, indeed, after exposure got very dangerously sick with the measles. He had fever and delirium, and the skin was as red as a boiled lobster. In due time convalescence set in, and what was the surprise of the physician and friends to see the eczema melt away like snow in the springtime, and every trace of the former eruption disappear, leaving the skin as soft and clean as a baby's can be. There has never been the slightest symptom of a return of the facial eczema.—Medical Age.

Conference of Health Officials.—The seventh general conference of health officials in Michigan will be held on January 7th and 8th in the new medical building of the University of Ann Arbor. The subjects to be considered relate to sanitary science and public health work.

The Perfect Peace.—Dr. Lines, who has a keen sense of humor, carried off the anecdotal honors at a recent Chamber of Commerce dinner with the following story:—

"At the time of King Edward's recovery from his threatened fatal illness with appendicitis," he said, "thanksgiving services were held all over the kingdom. At one of these the services were to close with the singing of a well-known hymn, which happened to be in the back of the books used in that parish.

" 'Let us close the services,' the pastor said, 'by singing the hymn, "Peace, perfect peace"—in the appendix.' "—Dietetic and Hygienic Gazette.

Primary Diphtheritic Bronchitis.—At the meeting of the Société Médicale des Hôpitaux of Paris M. Emile Sergent and M. Henri Lemaire described a case of the rare condition of primary diphtheritic bronchitis. A woman, aged 21 years, was admitted to hospital on September 23d suffering from intense dyspnœa. The history given was that she had had bronchitis for eight days and that on the last two days the dyspnœa had been severe. The respirations were 40. Inspiration was stridulous and was accompanied by suprasternal and infrasternal retraction. The voice was hoarse and almost inaudible. The face was slightly cyanosed. The throat was normal and the cervical glands were not affected. The pulse was 110 and the temperature was 101.5° F. On auscultating the chest the only abnormal sound heard was slight stridor; the vesicular murmur was almost absent. Dyspnœa of laryngeal or tracheal origin was suspected. As the thyroid was enlarged, the pupils were slightly unequal, and there was a well-marked collateral venous circulation in the sterno-clavicular region, this view was thought to be confirmed, and dyspnœa from compression was suspected. Laryngoscopic examination revealed no lesion of the mucous membrane of the larynx, but the vocal cords were in the paralytic position. Tracheotomy was performed and a mass of membrane escaped. The dyspnœa almost completely disappeared. The membrane yielded the diphtheria bacillus on culture. Antitoxin was given. On the following day membrane and bloody discharge issued from the tracheotomy tube and bronchitic râles were heard in the chest. Signs of bronchopneumonia developed at the left base. On September 26th a cast of the trachea and bronchi six inches long was discharged through the tube. The dyspnœa increased and death occurred on September 29th. The necropsy explained the symptoms of compression. Below the right lobe of the enlarged thyroid was a large lymphatic gland four centimeters in diameter which covered the innominate veins. The mucous membrane of the trachea and main bronchi was red and covered with a grayish, granular coating. The smaller bronchi were filled with a purulent fluid. At the bases of the lungs were patches of bronchopneumonia. The bronchial and pulmonary lesions contained the diphtheria bacillus. Before tracheotomy the diagnosis of diphtheria was impossible.—Lancet.

Surgical Scarlatina. — Forty-four patients out of 2000 operated on at the Children's Hospital, St. Petersburg, between 1897 and 1902, developed afterward the so-called surgical scarlatina. The infection coincides with the trauma of the surgical intervention. This form of scarlatina is marked by the short period of incubation, the initial fever, the rash and desquamation around the wound, complications on the part of the wound, and, finally, by the absence of the specific scarlet-fever sore throat. Scarlet fever is classed by the writer as a wound infection liable to complicate any operation or wound the same as erysipelas, tetanus, etc. He believes that many cases of the so-called erythema following the use of diphtheria antitoxin should probably be regarded as surgical scarlatina. The article concludes with the bibliography on the subject, after presenting in an elaborate table the details of 36 of the cases of surgical scarlatina on which the work is based. The period of incubation was less than twenty-four hours in 8 cases; less than three days in 13; less than five days in 5, and from twelve to sixty-six days in the remainder. The course of the affection is mild, and none of the 3 deaths in the series could possibly be attributed to it.—Journal of the American Medical Association.

Ohio Valley Medical Association.—The officers elected were: Dr. A. M. Hayden, of Evansville, Ind., president; Dr. J. W. Stone, of Henderson, Ky., first vice-president; Dr. C. T. Hendershot, of Cannelton, Ind., second vice-president; Dr. August Sohachner, of Louisville, Ky., third vice-president; Dr. A. J. Leiber, Henderson, Ky., secretary and treasurer.

Virchow's Library.—The most valuable portion of Virchow's library has been presented by his widow to the library of the Berlin Medical Society. These six or seven thousand volumes are to be kept separately and are to be called the "Virchow Collection."

Queen's University.—Dr. J. C. Connell has been appointed dean of the medical faculty of Queen's University, Kingston, Ont., in succession to the late Dr. Fife Fowler.

Henry Phipps Institute.—On the evening of December 3d Prof. William Osler, of Baltimore, delivered an address before the Henry Phipps Institute for the Study, Prevention, and Treatment of Tuberculosis. The subject of Dr. Osler's address was: "The Home in Relation to the Tuberculosis Problem."

On the evening of December 29, 1903, an address was delivered at the same institute by Dr. Sims Woodhead, of Cambridge, England. The subject of Dr. Woodhead's address was: "The Paths of Infection in Tuberculosis."

During his stay in Philadelphia Dr. Woodhead was the guest of honor at a number of receptions.

Mosquito Extermination.—The first general convention to consider the questions involved in mosquito extermination was held in New York, December 16, 1903, under the presidency of Hon. Franklin Murphy, Governor of New Jersey.

New York and New England Association of Railway Surgeons.—At the thirteenth annual meeting of the New York State Association of Railway Surgeons held at the Academy of Medicine, New York City, November 12 and 13, 1903, a vote was taken and unanimously carried to change the name of the association to New York and New England Association of Railway Surgeons. This change will greatly extend the good work of the association, and the many benefits to the surgeons and railways in this territory should be mutual. The place of meeting in 1904 is New York City. Officers elected are: President, Dr. C. G. J. Finn, of Hempstead, L. I.; first vice-president, Dr. G. P. Conn, of Concord, N. H.; second vice-president, Dr. J. P. Creveling, of Auburn, N. Y.; secretary, Dr. George Chaffee, 338 Forty-seventh Street, Brooklyn, N. Y.; treasurer, Dr. J. K. Stockwell, of Oswego, N. Y.

Malarial Embolism. — Though malarial embolisms are not uncommon during the paroxysm of fever, they usually prove fatal, as Nightingale says, from their lodging in some capillaries of the more important cerebral nerve-centers. In the case he reports, however, there was simply paralysis of the velum, with some paresis of the vocal cords, followed by slow recovery, as the result of this accident. The patient was an army officer, 32 years of age, who was on the way home from Sierra Leone, the embolism occurring after some days at sea. He thinks, considering the favorable conditions surrounding the patient, that the occurrence indicated a special susceptibility on his part to cerebral embolism; therefore the question of the safety of a return to a malarial climate for at least some time ought to be seriously considered.—Journal of the American Medical Association.

Infectious Angina Pectoris. — Pawinski claims that acute infectious diseases, especially grippe and follicular tonsillitis, are important factors in the development of angina pectoris. He admits the predisposing influence of neuropathic conditions, excesses of various kinds, getting chilled, etc. In nearly all the cases of incipient angina pectoris under his observation the effect of the toxins of the infection on the heart innervation was unmistakably evident. When the attacks of angina pectoris persist after recovery from the infection he assumes that the inner membrane of the coronary arteries has undergone certain alterations, probably in the nature of sclerosis, which entail the true angina pectoris.—Journal of the American Medical Association.

American Association of Life-Insurance Examining Surgeons.—The annual meeting of this association will be held at Atlantic City, N. J., June 6, 1904, under the presidency of Dr. Charles Lyman Greene, of St. Paul, Minn. Dr. Denslow Lewis, of Chicago, is chairman of the executive committee.

Removal.—Dr. Henry W. Stelwagon has removed to 1634 Spruce Street, Philadelphia.

Atlanta Medical Library Association.—The following officers were elected for the ensuing year: Dr. Michael Hoke, president; Dr. V. O. Hardon, vice-president; Dr. E. Bates Block, secretary and treasurer; Dr. A. W. Sterling, Dr. W. S. Elkin, and Dr. Bernard Wolff, executive committee.

Anæsthetics in Children.—Kopetzky says that the claim that the use of chloroform is safer than the employment of ether with children is not borne out by close observation. This is especially true in robust and healthy children. It is dangerous because an overdose may be easily given. Cardiac failure may set in at the beginning of the administration because of the violent and dangerous struggles which take place, and the tendency to push the anæsthetic is too tempting. Cardiac syncope following vomiting may occur at any time during the administration of chloroform, or after, and result fatally. On the other hand, nitrous oxide is quick in action, without dangerous symptoms, and, when followed by ether from a closed inhaler, rapid evaporation from the lung is avoided and ether pneumonia does not occur. He warns against the practice of commencing short operations on the nose, throat, or eye before complete anæsthesia has been induced, and also the practice of using chloroform in the upright position.—Journal of the American Medical Association.

Officers Elected.—At the annual meeting of the William Peirson Medical Association of Essex County, N. J., the following officers were elected: President, Dr. Thomas W. Harvey, of Orange. Vice-presidents, Drs. Richard C. Newton, of Montclair; and Joseph C. Young, of Newark. Secretary, Dr. Richard D. Freeman, of South Orange. Treasurer, Dr. John H. Bradshaw, of Orange. Librarian, Dr. Henry A. Pulsford, of South Orange. Council, the officers, and Drs. William B. Graves, of East Orange; Mefford Runyon, of South Orange; and Theron Y. Sutphen, of Newark.

Chicago Gynæcological Society. — The Chicago Gynæcological Society held a banquet in commemoration of the twenty-fifth anniversary of its foundation. In addition to an address by Dr. J. Henry Carstens, of Detroit, reminiscent remarks were made by several members. The following officers were elected: Dr. Emil Ries, president; Drs. Joseph B. de Lee and Frank T. Andrews, vice-presidents; Dr. Palmer Findlay, secretary; Dr. Charles B. Reed, treasurer; Dr. Gustav Kolischer, pathologist; Dr. Rudolph W. Holmes, editor.

Minnesota Academy of Medicine.—At the annual meeting the following officers were elected: President, Dr. William Davis, of St. Paul; vice-president, Dr. James H. Dunn, of Minneapolis; secretary and treasurer, Dr. Arthur W. Dunning, of St. Paul.

University of Denver.—Dr. Macdougall King, of Toronto, Canada, has been appointed instructor of physiology in the medical department of the University of Denver.

Book Reviews.

A Dictionary of Medical Science. Containing a Full Explanation of the Various Subjects and Terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Bacteriology, Surgery, Ophthalmology, Otology, Laryngology, Dermatology, Gynæcology, Obstetrics, Pædiatrics, Medical Jurisprudence, Dentistry, Veterinary Science, etc. By Robley Dunglison, M.D., LL.D., Late Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. Twenty-third Edition, Thoroughly Revised, with the Pronunciation, Accentuation, and Derivation of the Terms. By Thomas L. Stedman, A.M., M.D., Fellow of the New York Academy of Medicine. Lea Brothers & Co., Philadelphia and New York, 1903.

This has always been a standard treatise, a work of reference of the highest order. The original plan and execution was by a finished scholar. During his lifetime the book was revised by Professor Dunglison. The task of periodical revision was continued by his son, the late Dr. Richard J. Dunglison. The editorial management has now been assumed by Dr. Stedman, who is well qualified to maintain the reputation of the work. Necessarily many changes have been required in each successive issue. With the progress of bacteriology and its influence upon pathology and with the still more recently developed views concerning the nature of immunity, hosts of new terms have required recognition and definition. No less than fifteen hundred words, for instance, have been added to the present edition. As far as possible the editor has adhered to the arrangement of the original author. This was, indeed, so judicious, has been so successful, and is so familiar to successive classes of students and physicians that changes are only necessary where the progress of science has demanded new expressions for new conceptions. Dr. Stedman has performed his part with great skill. The new definitions are given in a clear and satisfactory manner. The present edition will maintain the reputation which the work has always deservedly enjoyed.

?Quiz-Compends? No. 19. Compend of Diseases of the Ear, Nose, and Throat. By John Johnson Kyle, B.S., M.D., Lecturer on Otology, Rhinology, and Laryngology and Assistant to the Chair of Surgical Pathology in the Medical College of Indiana, etc. With 85 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1903. Price, 80 cents net.

The chief and essential facts relative to diseases of the ear, nose, and throat are given in this book in terse style, which will enable the student to grasp their salient features. It is adapted to aid the undergraduate in acquiring a basis of knowledge as regards the treatment of a very important class of disorders. Any publication which assists the student to understand the pathological relationships between the naso-pharynx and the organ of hearing must be of benefit.

The Practice of Medicine. A Text-book for Practitioners and Students. With Special Reference to Diagnosis and Treatment. By James Tyson, M.D., Professor of Medicine in the University of Pennsylvania and Physician to the Hospital of the University, etc. Third Edition, Thoroughly Revised and in Part Rewritten. With 134 Illustrations, including Colored Plates. Philadelphia: P. Blakiston's Son & Co., 1903.

We testified with pleasure to the excellence of this work at the date of its first appearance. Our opinion has evidently been indorsed, for two large editions have been exhausted and the third is now given to the world. With each new issue the author has taken pains to incorporate whatever additions to our knowledge of the different medical diseases had been made in the interval. This has involved continual labor, but the results are witnessed in a text-book which portrays the present state of knowledge in a direct and lucid style. The rapid accumulation of facts and theories concerning the infectious diseases has necessitated many changes or modification of the text in the sections devoted to those disorders. Throughout the whole book, however, emendations have been made wherever necessary to represent the advance of science. This careful revision, supplementing the extensive clinical experience of the author, has resulted in the production of a work of the first rank.

The Treatment of Fractures. With Notes upon a Few Common Dislocations. By Charles L. Scudder, M.D., Surgeon to the Massachusetts General Hospital. Fourth Edition, Thoroughly Revised, Enlarged, and Reset. Octavo Volume of 534 Pages, with nearly 700 Original Illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Polished Buckram, $5.00, net; Sheep or Half-morocco, $6.00, net.

At the time of its first appearance we recorded in these columns our recognition of the merits of this work. The profession at large has evidently formed an equally favorable opinion, inasmuch as we are now presented with a fourth edition. In no department of practice is a reliable manual needed more than in the class of injuries to which this treatise is devoted. Among text-books occupied with the management of fractures Dr. Scudder's takes a high rank. The author's experience has been large, he is a close student and keen observer, he describes carefully the signs denotive of fractures of the various bones, and details the best modern methods of dealing with these accidents. He has availed himself to the utmost of the important aid of the x-rays in the demonstration of broken bones, and in this fourth edition we find many additional illustrations which will serve to increase the accuracy of our knowledge. In order to enhance the appreciation of epiphyseal lesions he has also introduced x-ray plates of the epiphyses at different ages. This will be recognized as a valuable feature of the book. A chapter has likewise been added concerning the most usual dislocations to which the human frame is subject. The practitioner who makes a study of this work will be enabled to treat fractures with intelligence and skill.

Diseases of the Pancreas and their Surgical Treatment. By A. W. Mayo Robson, F.R.C.S., Senior Surgeon to Leeds General Infirmary, Emeritus Professor of Surgery in Yorkshire College, Victoria University, Eng.; and B. G. A. Moynihan, M.S. (Lond.), F.R.C.S., Assistant Surgeon to Leeds General Infirmary, Consulting Surgeon to the Skipton and to the Mirfield Memorial Hospitals, Eng. Handsome Octavo Volume of 293 Pages, Illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00, net.

Experimental physiology and the practice of antiseptic surgery have taught us much, of recent years, concerning the diseases to which the pancreas is liable. In this very interesting and instructive work the authors have brought together all the existent data, and, interpreted in the light of their surgical experience, have produced a work which represents the state and position of knowledge of the surgical diseases of the pancreas, their symptoms, diagnosis, and treatment. Four chapters are devoted to the subject of pancreatitis in its different forms. Much stress is laid upon the diagnosis of this affection, which is much more common than was formerly supposed. The authors believe, for instance, that many cases put down as malignant disease of the head of the pancreas and terminating fatally, may be cases of chronic interstitial pancreatitis. One reason for this opinion is shown in a number of cases selected from thirty which had been operated upon by the authors. A large part of the work relates to the subject of pancreatic cysts. These are rare, indeed, but they admit of classification and the authors give a concise *résumé* of eight cases which had been under their care. Chapter X describes the growths of the pancreas: carcinoma, sarcoma, adenoma, and lymphoma. Syphilitic growths are likewise discussed. The work is well written and well illustrated. In deserves and doubtless will receive an appreciative reception, especially by operative surgeons. It is dedicated by the authors "to the surgeons of America, in cordial recognition of their work."

Clinical Examination of the Urine and Urinary Diagnosis. A Clinical Guide for the Use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., formerly Instructor in Chemistry in Harvard University Medical School, Boston; Assistant in Clinical Pathology to Boston City Hospital, etc. Second, Revised Edition. Handsome Octavo Volume of 418 Pages. Illustrated, including 11 Plates, 9 of them in Colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth $3.00, net.

The author has prepared a very useful volume. The work is divided into two parts. The first part describes the normal and abnormal constituents of urine, and the manner of ascertaining their presence and estimating their quantity. These matters are discussed in sufficient detail and the text is forcibly assisted by the excellent illustrations. This portion of the work will enable the practitioner to detect pathological constituents by means of chemical tests and the microscope.

Ability to analyze the urine is of decided importance to the practitioner. It is, however, but a means to an end. That end is twofold: first, diagnosis; second, treatment, which is the final purpose of medicine; yet treatment is but groping in the dark unless it is based upon correct diagnosis. Consequently, the second portion of this work is of special value, inasmuch as it points the reader to the significance and interpretation of the abnormal components of the renal secretion. Herein lies the merit of the second part. It leads us from the analysis of the fluid to the condition of the urinary or general systems by which the abnormalities were produced. It furnishes us, moreover, with the characters of the urine in fever and many other diseases outside of the urinary tract. This combination of instruction regarding what can be seen in the test-tube and under the microscope and their relations to conditions of the genito-urinary organs and passages as well as with the system at large will render the work of practical value to the student and practitioner.

In this second edition the author has made every effort to bring the text strictly up to date. He has added new matter in connection with the determination of urea, uric acid, and total nitrogen. The subjects of cryoscopy and beta-oxybutyric acid have been given a place.

Infectious Diseases: their Etiology, Diagnosis, and Treatment. By G. H. Roger, Professor Extraordinary of the Faculty of Medicine of Paris, etc. Translated by M. S. Gabriel, M.D. Illustrated with 43 Engravings. Lea Brothers & Co., New York and Philadelphia, 1903.

This book should, and doubtless will, receive a welcome. All are aware that decided and remarkable progress has been made concerning the causes of infection, its modes of transmission, the nature of immunity, and regarding hereditary transmission. In this work we find the results of laboratory work arranged in logical order and harmonized with the clinical facts which are observed by the present no less than by preceding generations of physicians. So rapid, indeed, have been the revelations of experimental pathology and so novel have been many of the theories founded upon such research that many a practitioner, conscientiously desirous of understanding the scientific principles of his profession, feels himself at a loss to reconcile the new matter with the older doctrines. Professor Roger is pre-eminently qualified to act as an expositor of this era of transition. Being one of the most esteemed clinicians of the Paris Faculty, he is also thoroughly imbued with the spirit and methods of experimental work. He unites in a rare degree the clinician and the man of the laboratory. He can recognize the limitations of experimental investigation and the subsidiary position which it occupies in many respects to the general practice of medicine and surgery. Through this union of qualities he is able to produce a work which is accurately representative of the best features of scientific medicine of the present day. During the last few decades it has been necessary to rearrange our conceptions regarding many pathological processes. The last word has not, and never will be, spoken. Science proceeds by orderly steps of induction and deduction. In these matters the progress of medicine is part and parcel of the advance of biology in general, and not only of biology, but also of physical and inorganic chemistry. At this epoch of discovery a book such as the one before us is needed.

The Physician's Visiting-list (Lindsay & Blakiston's) for 1904. Fifty-third Year of its Publication. Philadelphia: P. Blakiston's Son & Co.

This is a very conveniently arranged book and one with which many of the practitioners throughout the country are familiar. Many have used it year after year ever since they began practice. The length of time during which it has been issued yearly is the best possible evidence of its merits and usefulness. It contains a number of valuable tables and much miscellaneous information.

? Quiz-Compends ? No. 7. Compend of Gynecology. By William H. Wells, M.D., Chief of the Gynecological Staff of the Mount Sinai Hospital, Philadelphia, etc. Third Edition, Revised and Enlarged. With 145 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1903. Price, 80 cents, net.

In brief terms the author describes in this book the chief diseases to which the sexual apparatus of the female is subject and the means to be taken to bring about a cure or improvement. He has succeeded in compressing fundamental information into a compact space and has given the student a basis upon which to build.

The Practical Care of the Baby. By Theron Wendell Kilmer, M.D. Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Outpatient Department of the Babies' Hospital, New York; Attending Physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv-158, with 68 Illustrations. Extra Cloth, $1.00, net, Delivered. Philadelphia, F. A. Davis Company, 1914-16 Cherry Street, Publishers.

This is a very excellent guide to place in the hands of every mother and, above all, every mother of a first child. It explains in language which all can comprehend how to rear the babe in order that it may thrive and enjoy good health. In order to simplify the matter to the utmost the author writes upon the assumption of the complete ignorance of the mother or nurse. Thus he builds upon a solid foundation; that is, his instructions embrace every detail. He is not satisfied with stating *what* should be done, but carefully tells the young mother *how* it should be done. Therefore the book cannot fail to be satisfactory to those who make a study of its contents. There is scarcely a more important subject in the world than the upbringing of infants. The perpetuation of good physical characteristics depends upon the proper care of infancy and childhood. Dr. Kilmer is to be congratulated upon his choice of a subject and the manner in which he has performed his task. The numerous illustrations are a valuable assistance to the text. The book includes a brief account of the principal diseases which may afflict infants and teaches the mother what she can do in the absence of a doctor and when she should call the physician.

CURRENT MEDICAL LITERATURE.

Subcutaneous Drainage in the Surgical Treatment of Hydrocephalus Internus. By Dr. Nicholas Senn, Chicago.

The Proper Perineal Prostatectomy Incision. By Nicholas Senn, M.D., LL.D., Chicago.

History of Maritime Quarantine in Louisiana against Yellow Fever. By Quitman Kohnke, M.D., New Orleans.

Nauheim Methods in Chronic Heart Disease, with American Adaptations. By Thomas E. Satterthwaite, M.D., New York.

The Boy's Venereal Peril. From a Paper Read at the Fifty-fourth Annual Session of the American Medical Association.

The Monthly Bulletin. Designed to Inculcate the Principles of Hygiene and Present a Record of the Public Health, Mortality, and Meteorology in Rhode Island. Volume XV, Nos. 5-7.

Monthly Reports of the Board of Health for the Philippine Islands and City of Manila, April and May, 1903.

The Use of a Mydriatic After the Age of Forty-five. By Horace M. Starkey, M.D., of Chicago.

A Clinical Study of Organic Iron. By John V. Shoemaker, M.D., LL.D., Professor of Therapeutics and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

Syphilis as a Cause of Chorea. By L. Harrison Mettler, A. M., M.D., Professor of Mental and Nervous Diseases in the Chicago Clinical School; Adjunct Professor of Medicine (Neurological) in the College of Medicine of the University of Illinois.

Imperative Conceptions: A Study in Differential Diagnosis. By L. Harrison Mettler, A.M., M.D.

The Final Results in Operations for Myomata Uteri and Fibromyomata Uteri. By Nathaniel W. Emerson, M.D., Boston, Mass.

Acute Lymphocytic Leukæmia, with Reference to Its Myelogenous Origin. By A. O. J. Kelly, A.M., M.D., Philadelphia.

Forests of Idyllwild. The Greatest Variety of Trees in Southern California. By T. P. Lukens, United States Department of Agriculture. San Jacinto's Peak. A Trip Among the Mountains and Valleys of Riverside County. By Helen Lukens Jones.

Constitution and By-laws of the Mississippi Valley Medical Association.

President's Address: The Past and Present Needs of the Medical Profession. By Frederick Holme Wiggin, M.D.

On Green and Blue Urine. By Ralph Stockman, M.D., Glasgow.

The Therapeutic Value of Arsenic and the Justification of its Continued Use in the Light of Recent Observations Concerning its Toxic Action. By Ralph Stockman, M.D., F.R.C.P.E., F.F.P.S.G., Glasgow.

The Action of Arsenic on the Bone-marrow of Man and Animals. By Ralph Stockman, M.D., and Francis J. Charteris, M.B., Ch.B., Glasgow.

The Monthly Bulletin of the Division of Zoölogy, Pennsylvania State Department of Agriculture. Volume I, No. 6.

Some Considerations Regarding the Therapeutical Action of Iodine and Iodides. By Ralph Stockman, M.D., F.R.C.P.E., Glasgow.

On the Action of Iodine and Iodides Chiefly with Regard to the Muscles of the Frog. By Ralph Stockman, M.D., and Francis J. Charteris, M.B., Glasgow.

Dietary Studies in Boston and Springfield, Mass.; Philadelphia, Pa.; and Chicago, Ill. By Lydia Southard, Ellen H. Richards, Susannah Usher, Bertha M. Terrill, and Amelia Shapleigh. Edited by R. D. Milner. United States Department of Agriculture, Bulletin No. 129.

Further Investigations among Fruitarians at the California Agricultural Experiment Station, 1901-1902. By M. E. Jaffa, M.S., Assistant Professor of Agriculture in the University of California. United States Department of Agriculture, Bulletin No. 132.

The Treatment of Chronic Diseases by Physical Therapeutics through the Sympathetic Nervous System, with Explanation of the Author's Method of Electrical Localization of Disease via the Spinal Column. By Albert C. Geyser, M.D., New York City.

Pathology and Treatment of Small-pox. An Analysis of over Two Thousand Cases and of Fifty Autopsies. By Nelson D. Brayton, A.M., M.D., Indianapolis.

Inefficiency of Ferrous Sulphate as an Antiseptic and Germicide. By Allan J. McLaughlin. Hygienic Laboratory, Bulletin No. 15.

A Scalp Face—A New Plastic Operation. By N. Senn, M.D., Chicago.

Case of Splenomedullary Leukæmia Successfully Treated by the Use of the Röntgen Ray. By Nicholas Senn, M.D., Chicago.

COMMERCIAL NEWS.

CATARRHAL DISEASES OF THE UPPER AIR-PASSAGES.

By Clarence G. Clark, M.D.,
Assistant Surgeon to Presbyterian Hospital, O.P.D., New York; formerly Assistant Surgeon to New York Hospital, O.P.D.

Among the diseases of the upper air-passages we have, first, two varieties: acute nasal catarrh and chronic or naso-pharyngeal catarrh. In the latter subdivision we have the atrophic and hypertrophic varieties and the form which is a mere manifestation of some general systemic disease: *i.e.*, the ozæna of syphilitics. The first two varieties are merely different degrees of the same process. The nasal membrane, after a series of acute attacks, becomes chronically inflamed with a muco-purulent discharge. The membrane is congested and covered with a thin muco-pus. In this form treatment is most effective. But as the disease progresses the membrane becomes hypertrophied and a chronic, tenacious mucus is secreted. This hypertrophic form is generally accompanied by a stenosis of the upper air-passages, especially on the convex surfaces of turbinated bones, which eventually become enlarged, and there is a constant dropping of mucus into the back of the throat. Still more chronic is that atrophic catarrh where the mucosa is atrophied and the secretion is dried up.

The treatment of these cases is simple if seen at the outset. The principle of cleanliness underlies the whole thing. The patient should be supplied with some good alkaline solution, such as Glyco-thymoline, and instructed to douche the nasal passages twice daily. This with proper hygienic managing of the case is all that is necessary in the majority of the cases seen at the beginning of their chronicity. If the follicles are hypertrophied they may be touched up with the galvanocautery. This especially applies to the naso-pharynx.

The best form of douche for use in these cases is the Bermingham. It is easy for the patient to use this douche, and its size makes it convenient to carry. It is a bad practice to use a syringe, as too much power may force the discharge into the frontal sinus and cause unpleasant complications. If the turbinated bones are greatly enlarged, an operation for their removal is necessary before treatment can be effective.

For use in the douche I have found Glyco-thymoline to be an excellent preparation. It has the advantage of being alkaline and at the same time it is pleasant to use and does no harm if swallowed. The following cases will illustrate the treatment of these conditions:

Case I.—Mr. A. B., aged 35, came to office June 12, 1902, complaining of nasal discharge. History of several acute attacks of ordinary coryza which gradually became more lasting. Is a heavy smoker and inhales smoke. Found nasal membrane congested and covered with tenacious mucus. Turbinated bones slightly hypertrophied.

Diagnosis.—Chronic nasal catarrh, becoming hypertrophic.

Treatment.—Prescribed:—

℞ Acidi tannici, gr. xx.
Acidi sulphici aromatici, *m*xxx.
Glyco-thymoline, ℥iij.
Aquæ destillatæ, q. s. ad ℥viij.

Instructed patient to use same in Bermingham douche twice daily, first cleansing the nasal membrane with a salt solution of ʒj to 1 quart of warm water. As the discharge became less tenacious and less profuse I stopped the astringents and had patient continue with Glyco-thymoline in proportion of 1 part in 4 of water. With this treatment the discharge ceased in three weeks and patient was discharged with instruction to continue using the douche daily.

Case II.—Miss J., aged 24, came to office July 10, 1903. Has acute coryza,

(Continued on Advertising Page 18.)

TWO EXAMPLES

OF THERAPEUTICAL MERIT: OF INTEREST TO PHYSICIANS

Pil. Antiseptic Co.

WARNER

FORMULA	
Sodium Sulphite,	1 gr.
Salicylic Acid,	1 gr.
Pv. Capsicum,	1/10 gr.
Pepsin Conc't,	1 gr.
Ext. Nuc. Vom.,	1/8 gr.

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

Specify "Warner & Co." when prescribing

Pil. Chalybeate Co.

WARNER

FORMULA	
Mass. Chalybeate,	2 1/8 gr.
Ext. Nuc. Vom.,	1/8 gr.

℞ Ft. Pil. No. j.

SUGAR COATED ONLY **PINK TINT**

The best method for the administration of iron in an assimilable form to which is added the tonic effect of the Nux Vomica.

Specify "Warner & Co." when prescribing

We make the most soluble Hypodermic Tablets offered; send for a specimen

WM. R. WARNER & CO. PHILADELPHIA NEW YORK CHICAGO NEW ORLEANS

No review of therapeutic progress would be complete without a reference to the unique value of

GRAY'S GLYC. TONIC COMP.

In malnutrition, anæmia, respiratory disorders, nervous exhaustion, general debility.

THE PURDUE FREDERICK CO., No. 15 Murray St., New York.

running from nose and eyes; thin mucous discharge. Alæ nasi excoriated. History of frequent previous attacks.

Diagnosis.—Acute coryza.

Treatment.—

℞ Atropin sulph., gr. $^{1}/_{10}$.
Pulv. ipecac et op., gr. iv.

M. et ft. pulv. No. viij.
Sig.: One every four hours.

Also instructed the patient to douche every three hours with:—

℞ Glyco-thymoline, ʒij.
Aquæ, q. s. ad ℥vj.

This latter to be used in Bermingham douche.

This attack subsided in ten days and patient continued using the douche daily thereafter, and up to the present time has had no similar attacks. I lay this to the constant cleansing of the nasal membrane.

Glycerophosphates—their Chemistry, Physiological Action, and Therapy.

Since Dr. Albert Robin, in 1894, reported to the Academy of Medicine of Paris the results of his experiments with the Glycerophosphates physiologists and physicians—both of Europe and America—have carried on investigations in the same direction, and with a startling unanimity have corroborated his report in every detail.

Liebreich claims that under the influence of mental overexertion, excessive bodily fatigue, and fright, lecithin disappears from the brain, while Armand Gautier believes that the oxidation of lecithin causes a hyper-excretion of the phosphorus combinations during nervework. Of the combinations that have been chiefly studied and administered to neurasthenics, tuberculous patients, and senile cases in the last few years, three only are worthy of consideration, namely: lecithin, the glycerophosphates, and phosphoric acid. Serono, who has experimented considerably with lecithin in neurasthenics, tuberculous patients, and in senility, has found that it improves the general condition, increases strength, appetite, and body-weight; and aids blood-formation, acting much like arsenic, only more energetically. However, since lecithin is decomposed and broken up in the body into salts of the fatty acids—such as cholin and the glycerophosphates — the glycerophosphates themselves may be more advantageously employed, thus getting the phosphorus directly assimilated, without the expenditure of force necessary to break up the lecithin into its compound parts.

Dr. Robin, whom we spoke of above as the father of the Glycerphosphate therapy, has injected as much as 4 grains of the glycerophosphate of lime subcutaneously for therapeutic purposes, and finds that it greatly increases the activity of organic nutrition as well as of nitrogenous change without noticeably influencing the formation of uric acid.

He concludes that the phosphoglycerates can be usefully employed wherever it is desired to increase the nutrition of the nervous structures and stimulate their activity, for they are real tonics, not mere temporary stimulants to the nervous structures, supplying the exhausted and enervated cells with phosphorus in exactly the same state in which it is naturally present in the human system. They are readily assimilable, and their administration never causes depression, even if continued for a long period. The Glycerophosphates stimulate the appetite, favor the assimilation of albuminoid substances and of the phosphates in food, increase blood-formation, improve metabolism, and augment the excretion of nitrogen.

The Chemistry of the Glycerophosphates.—The Glycerophosphates are stable salts of glycerophosphoric acid, which, chemically speaking, is the glycerin ester of phosphoric acid with the empirical formula of $PO_4H_2C_3H_5(OH)_2$ and may be obtained by the action of phosphoric acid upon glycerin, and is also a product formed in the human body during digestion.

The salts of sodium, potassium, calcium, lithium, iron, manganese, as well as quinine and strychnine, are usually employed.

The glycerophosphoric acid of lecithin is necessary to all cell-formation, and is all-

(Continued on Advertising Page 20.)

Packer's PURE, ANTISEPTIC, EMOLLIENT. A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS, PINE-TAR, AND GLYCERINE. **Tar Soap.**

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

Euquinine

Tasteless Quinine

EUQUININE fully replaces ordinary quinine in all its uses, and is particularly serviceable wherever the bitter taste of the latter hinders its employment.

Dr. Carl L. Schilling, San Francisco, Cal., writes: "I have been using Euquinine for over two years, and cannot say too much of it. I prescribe it wherever a general tonic is indicated and with very good results."

SALOQUININE. A valuable antineuralgic. "It afforded considerable relief within an hour in cases of persistent violent pains," is an excerpt from a report by Dr. Frank Tausk, of the University of Budapest.

SALOQUININE SALICYLATE deserves a high place among antirheumatics. "Its advantages, especially on prolonged use, are its complete tastelessness and freedom from action on the heart and stomach."

CLINICAL REPORTS TO PHYSICIANS

MERCK & CO. UNIVERSITY PLACE NEW YORK

Syphilis To-Day and Among the Ancients

By DR. F. BURET, M.D., Paris
Translated by A. H. OHMANN-DUMESNIL, M.D., St. Louis, Mo.

Three 12mo volumes comprised this work, but in this translation Volumes II and III are bound in one. An exceedingly interesting history of syphilis among the ancients with the modern treatment given in contrast comprises the first volume. The other volume takes into consideration the syphilis of the middle ages and of modern times. The literary style is unique and the interpretation of medieval literature very amusing at times.

Price of Vol. I, 230 Pages, Cloth, net $1.25
Price of Vols. II and III in one, 300 Pages, Cloth, net $1.50

THE ABOVE PRICES INCLUDE DELIVERY

F. A. DAVIS COMPANY, 1914-16 Cherry Street, Philadelphia

No physician can afford to be indifferent regarding the accurate filling of his prescription.

important in the synthesis of protonucleins. It is abundant in brain- and nerve- tissue, egg-yelks, blood, and spermatosa. Nucleinic acid, the principal component of protonucleins, is an organic phosphoric acid built upon glycerophosphoric acid. The salts of Glycerophosphoric acid are directly assimilable and have a remarkable effect upon nutrition, since the acid represents chemically exactly that form in which phosphorus is taken up in the human system.

PHYSIOLOGICAL ACTION.—The physiological action of the glycerophosphates lies in the properties of glycerophosphoric acid; consequently the action, singly or conjointly, of these salts is practically one and the same.

Taken by the mouth, the glycerophosphates are tolerated by even the most delicate stomachs. There is no immediate effect that is noticeable, but, when they have been administered for a sufficiently long period, the appetite improves, assimilation and absorption are promoted, the liver is stimulated, the flow of bile is increased, nitrogenous exchange is hastened, and phosphatic waste is restrained.

Acting upon the nervous system, existing reflex nervous phenomena usually diminish and finally disappear; sleep, if disturbed, becomes more quiet and restful; and insomnia often disappears without other aid. The various organs and tissues in the body all show improved functional activity. The eyes grow brighter and clearer, and the complexion more healthy. Thin and nervous subjects gain flesh, and flabby flesh becomes more firm. It is noticeable that there is no reaction after withdrawal of the drug, either after short or prolonged administration. The ultimate analysis of these results can be tabulated as follows:—

1. It accelerates metabolism in general, both as regards organic and inorganic substances.

2. It accelerates especially nitrogenous exchanges, and favors the assimilation of albuminoid substances, increasing the excretion of nitrogen.

3. It does not greatly influence the formation of uric acid, but the increase in the nitrogenous elimination often lowers the proportion of uric acid to urea.

4. It acts on the sulphur metabolism, increasing the oxidation of the broken-up sulphur products.

5. It has no marked effect on intestinal fermentation.

6. It increases elimination of chloride of sodium, and hence this corresponds with the clinical fact of improved appetite.

7. It favors assimilation of the phosphates in the food by the nervous system, exerting a sort of osmosis, an economic action, by saving up combined phosphorus.

8. It increases the exchange of osseous substance without materially influencing those of phosphorus.

9. It acts directly on the blood, stimulates the formation of red corpuscles and of leucocytes, retarding the invasion of plebeian or polynuclear cells, which, according to Metchnikoff, are the elements of disease and senility. Thus metabolism is accelerated and tissue-waste oxidized, and all cases of so-called autointoxication rapidly relieved.

THERAPEUTICS.—P. W. Street (Medical Record, Oct. 11, 1902) has made a careful study of the therapeutic value of these salts and believes that they have a very constant effect in promoting the nutrition of the cells. They supply phosphorus to the tissues in an assimilable form, as organic phosphorus, and, since phosphorus is an important constituent of those cells which comprise the brain and nerve substance, their utility as a nerve-food or tonic is naturally suggested. The Glycerophosphates therefore are most useful in cases of nervous impairment due to overwork or excesses of any kind. Also in asthenic nervous maladies and mental depression, and whenever it is desired to increase the nutrition of the nerve-cells and stimulate their activity. In neurasthenic conditions, characterized by vertigo, occipital headache, unsteadiness of gait, or inability for physical or mental effort, great improvement attends their use. In the premature advance of age, loss of sexual vigor, and in senility attended by general debility the benefits from their protracted use are striking.

(CONTINUED ON ADVERTISING PAGE 22.)

THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXVI. PHILADELPHIA, FEBRUARY, 1904. No. 2.

Clinical Lectures.

VACCINIA AND VACCINATION.[1]

By JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Materia Medica, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

GENTLEMEN: There are a number of febrile diseases which, although they are totally distinct as regards their cause, symptoms, and pathology, yet are grouped together under the general head of eruptive fevers, or exanthemata. Their study is of much interest and importance. It is highly essential that the practitioner should learn to diagnosticate them properly and at as early a stage as possible of their existence. The eruption, or rash, by which each is distinguished is typical of the affection and should seldom be mistaken. Another element which is of assistance in recognizing the nature of the disease is the time at which the characteristic eruption makes its appearance. So that when we meet with an eruption of special type, appearing at a specified date in the course of a fever, we should be able to identify measles, scarlatina, variola, varicella, typhoid fever, typhus fever, or cerebro-spinal fever, as the case may be. The rash, or efflorescence upon the skin, points us with an unerring finger to the nature of the malady. Yet it is only one of an assemblage of morbid manifestations. Prior to its advent, as I have already implied, the patient has been constitutionally ill for hours or days. For that reason I must urge upon you the importance of impressing thoroughly upon your minds the initial symptoms of these diseases as well as the date at which the eruption first appears. By storing up in your memory these significant facts you will lay the foundation of an ability to suspect the onset of scarlatina, morbilla, or variola before the outbreak of the exanthem. This rationally founded apprehension will be of great value to you in the practice of your profession. Families are always appreciative of the acumen of a man who is able to foresee the progress of a case. Furthermore, most of these diseases are highly contagious, and if by timely segregation of a patient and the nurse we are able to limit the spread of the affection to others of the household and to protect the community, we have accomplished an excellent service.

Some of the diseases of this class are with us much of the time. Others make their appearance in fierce and extensive epidemics. A part of the world may be free for many years from their scourge, when suddenly a wave of invasion will overflow the land. Such has been, as you know, the case with variola, or small-pox. Previous to the outbreak of the present epidemic there were many men in the profession of this and other cities who had never seen a case of variola. They were obliged to refresh their recollections and learn by experience to recognize its onset. It is not so much my purpose to dwell to-day upon the diagnosis and symptoms of variola as to discuss with you the efficient method which we possess for limiting its spread, and, in fact, if properly and thoroughly applied, suppressing the disease. For variola, loathsome, destructive, and highly contagious as it is, yet possesses one conspicuous advantage over other eruptive disorders. As regards scarlatina, rubeola, and typhoid fever our only protection against the spread of the malady lies in segregation and sanitation. In small-pox we have the preventive and protective method known as vaccination. Unquestionably, in addition to the practice of vaccination, we must, and we do, isolate the patients actually infected with the disease, make use of disinfection and every other measure known to sanitary science for the purpose of preventing the spread of the contagion. Yet these latter alone are not sufficient.

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[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

It is curious and paradoxical that for a century people have been so largely protected against the ravages of variola that in some quarters there has arisen a distrust, skepticism, or even denial of the efficacy of vaccination—of the very method by which they have been so largely protected and immunized. Such is the strange inconsistency of human nature. If we turn, however, to the pages of old authors, who lived and wrote before Jenner made his beneficent discovery, we read of the sweep of small-pox like a pestilence through countries, leaving death and misery in its trail. Scarred faces and blinded eyes were common upon the streets.

Edward Jenner, a pupil of the great John Hunter, was a philosophic physician practicing in Gloucestershire, England, whose attention was strongly attracted to the popular opinion among dairy maids and others that the person who had acquired cow-pox was safe from the attack of small-pox. He studied the subject carefully and for a long time. At length he had the opportunity of putting the question to a test. Procuring some lymph he vaccinated an 8-year-old boy on May 16, 1796. On the first day of the following July the same boy was inoculated with variolous matter, but no small-pox was produced. This is the germ of the scientific study of vaccination which has been pursued and perfected by many observers in different civilized countries.

I am not concerned to defend the practice of vaccination. It defends itself. Its worth is thoroughly established. In Germany, where vaccination and revaccination are compulsory and where the law is rigidly executed, small-pox has almost disappeared. Our statistics might be quite as satisfactory in Philadelphia and other American cities—and throughout the country, for that matter—if vaccination were made compulsory and universal.

THE PROPER LYMPH TO EMPLOY.

Vaccination was formerly performed with the crust or scab which had loosened and become detached from the arm of a babe supposed to be healthy. This was known as "humanized" lymph, because the vaccine matter, originally from the heifer, had been passed through the human system. The practice was also called "arm to arm" vaccination. Physicians were in the habit of carefully saving these crusts, and when called upon to vaccinate they would pulverize the matter and make it into a paste with a little water; then they would scarify the arm and rub in the material. This method has been almost entirely abandoned. It was effectual, but it was subject to certain drawbacks, the most serious of which was the fact that syphilis, scrofula, tuberculosis, or other disease, the germs of which existed in the blood, was sometimes transmitted through this agency. However healthy a child's appearance, its blood may have contained the germ of syphilis in a latent condition, but capable of awakening into activity. We now depend for our material upon lymph taken from young cows which are raised for the special purpose of furnishing this matter. There are a number of "vaccine farms," as they are termed, in this and other civilized countries, and by this plan we can always have an ample supply.

The cows are carefully groomed and the matter, at the proper stage, is taken from them with observance of the best modern methods of antisepsis. The vaccine matter is hermetically preserved in order to avoid contamination with other germs, and is therefore pure, specific, and unmixed. I am not here for the purpose of advocating any particular product. There are a number of reliable individuals or firms engaged in the business of providing vaccine material, and from among them the physician may make his choice.

In this long course of a century in the rearing of herds, the collection of lymph, and the practice of vaccination many important questions have arisen and have been discussed. Some of these can scarcely be regarded as settled even at the present day. I shall not, however, upon this occasion touch upon these debatable points, which have no bearing upon the practical instruction concerning the general principles and the art of performing vaccination.

THE PRECAUTIONS IN VACCINATION.

Life is made up of little things. Great results are the expression of innumerable small influences. Attention to detail is an important part of the physician's life. The capital operations of surgery can only be successful when every step has been watched with the utmost care. Vaccination is a trivial operation. Yet it must be done with intelligent recognition of certain possible contingencies.

Even in the days before the era of antisepsis and asepsis, before Lister had revealed to the world the possibilities of a surgery which should destroy or exclude disease germs, the most accomplished and the most successful surgeons were scrupulously careful as regards cleanliness. True, their conceptions had not advanced to what we now know as "surgical cleanliness," but they acted up to their convictions. Now, when the influence of pathogenic bacteria has been explained to us, all our efforts must be directed to preserving intact the purity of our vaccine matter. I admit that in the performance of this little operation we introduce a germ, or the product of germ-life, into the human system, but we do so for the purpose of substituting an attenuated virus and a milder disease for a powerful virus and a violent disease. The purport of these remarks is to inculcate care and surgical cleanliness in everything which relates to vaccination. Select a good matter; disinfect your own hands and the site of operation; use every safeguard to make the procedure effectual with the least possible risk.

Why do I use the word risk? It is because every man in this room, and I suppose in this community, has heard of, if he has not actually and personally experienced, "sore arms." These extreme, annoying, and sometimes even dangerous inflammatory reactions are not properly a sequence of the introduction of vaccine virus, but are due to some secondary infection. There has been some defect of technique which has left open a gate of entry for germs other than those of vaccinia. When the latter alone have been inserted the evolution of vaccinia, or cow-pox, pursues a perfectly regular and typical course, by which it can be recognized with as much accuracy as variola itself, and without any of those unfortunate complications which people dread, and justly dread. The streptococcus of Fehleisen, the exciting cause of erysipelas, nor any other micrococcus nor any other form of bacteria, should not be mixed with the lymph nor come into contact with the physician's hands or the skin of the vaccinated person. These are what produce sore arms, and not the vaccine germs contained in the vaccine lymph. I have had much experience, extending through all my professional life and including several epidemics of smallpox, some of which were far worse than the one by which we are now visited; I have vaccinated during that period a great many persons, and yet I have never had the misfortune and the mortification to see any of these untoward complications in my own practice. This is because I have always been exceedingly careful in my manipulations. For a long time it has been an established custom to vaccinate the infant within the first few months of its life; some physicians recommended the third month; others extended the time to the sixth. In the absence of exposure, however, I believe that this is an error. In the first few months of life the power of resistance against disease is not well developed, and the infant is liable to fall a prey to many infectious disorders. This is a fact of common occurrence. We see it exemplified every day. A sad illustration comes to my mind. A brother-practitioner asked me once to vaccinate his young child. I objected for the reason just given. There was no variola in the city at that time. Why, then, expose the babe to the effects of even such a mild disease as vaccinia? However, the father was not satisfied with my opinion, and had some one else do the operation; but, to the unspeakable grief of all concerned, the little one sickened with some complication and perished. I have known other cases in which life was lost or seriously imperiled by vaccination at too tender an age. Of course, at the present time, with small-pox in the city, one never knows when the parents, brothers, or sisters may bring the seeds of infection into the home, and it may be necessary to vaccinate at an early period of life. There is one fortunate circumstance connected with the vaccine disease. It runs a more rapid course than variola and its period of incubation is shorter. Therefore, after exposure it is possible to anticipate small-pox by a prompt vaccination. The elder Flint relates an instance of an unvaccinated child who lived in the same room and slept with a person who had contracted small-pox. The first operation proving unsuccessful, it was repeated, three days after, with success, and the child escaped. He mentions another case, of a patient with measles who was supposed to have small-pox and was sent to a small-pox hospital. He had never been vaccinated, and vaccination was at once performed. The vaccine disease was deferred until the measles had run its course; it then developed and small-pox did not occur.

After the first vaccination I advise repetition of the operation at about the eighth year and again at the age of puberty. Subsequent to that period we may be guided by circumstances. In the absence of an epidemic we need do no more. Should, however, an epidemic supervene it is a wise precaution to submit again to revaccination. If it is unsuccessful no harm has been done; if it succeeds we have revealed an unsuspected susceptibility. Persons who have been revaccinated several times rarely acquire small-pox, and if they do contract the infection the illness manifests itself in that milder form known as varioloid. It is impossible, without the test of experiment, to determine just how long the immunity endures. Individuals are sometimes revaccinated six or eight times at short intervals without result when another attempt will, rather unexpectedly, succeed. In this, as in other things, it is better to err on the safe side; so that I would say, in case of doubt, vaccinate.

THE SITE OF VACCINATION.

A question arises as to the locality at which the virus should be inserted. Now, it is obvious that vaccination can be performed upon any part of the body. If the vaccine matter is absorbed it will fulfill its destiny just as well, whether it enters the circulation through the arm, leg, breast, back, or buttocks. Indeed, I have quoted, in my work on diseases of the skin, a peculiar case of vaccination upon the tongue—accidental, I scarcely need say. A mother had run a fish bone into her tongue two days before her baby was vaccinated. One week after vaccination she kissed the babe upon the site of the operation. Six days later the tongue began to swell. In selecting a spot where the lymph shall be inserted, it is best to avoid regions provided with an abundance of subcutaneous, connective, and fatty tissue. For these are the localities in which suppuration occurs most readily, and they furnish points of departure for septic processes. Places where but little of such tissue exists are to be preferred.

An established custom has long ordained that the left arm just below the insertion of the deltoid muscle should be the spot of election. In the case of a young child there is little or no objection to this site. In men and boys it makes little difference, but as regards young women there is another consideration which may govern our conduct. No doubt the left arm was originally selected on account of the ease with which it could be exposed and the fact that it is less used than the right, so that in the event of much soreness it would be less subject to movement. There is a class of misses and young ladies to whom these considerations do not apply. I refer to those who are, or will be, in the habit of attending full-dress social entertainments. Indeed, in this country, where the social status is liable to great changes, up as well as down the scale, it is well to offer every young woman her option, more particularly if she be comely and possess well-shaped shoulders and arms. Because it is naturally a disagreeable thought to a woman, who is perfectly well aware that she has a prettily rounded arm, to be equally well aware that the beauty of the member is conspicuously marred by a large and unsightly vaccination scar. At such moments, I fear, her thoughts of the physician who stamped this mark upon her flesh, this blemish upon her perfection, will be far from kindly. So this is a little point worth remembering, gentlemen. For ladies a most excellent spot is upon the upper part of the leg, a little below the knee. Some prefer the calf, but in that part there is more fat than is desirable.

THE OPERATION FOR VACCINATION.

Having disposed of the preliminaries we are now prepared to do the operation. Naturally there are several methods by which vaccine matter may be brought into the absorbent surface of the corium, or true skin. We may lightly scarify the parts with a knife, we may pierce the skin with needles or a needle-knife, the point of which has been impregnated with the lymph, we may denude the skin of its cuticle by scraping with a knife blade, or, which equally answers every purpose, with the edge of the bone point upon which the vaccine matter is deposited. In fact, the last is the best way. We need provide ourselves with nothing but the point, which is already aseptic, the method is easily practiced and produces no pain. In order to demonstrate to you precisely the manner in which I perform this little operation I will call down into the arena two members of the class who have not lately been successfully vaccinated and submit them to the ordeal.

While the gentlemen bare their arms my first step is to wash my own hands thoroughly with soap and water. I also satisfy myself that all particles of dirt are dislodged from beneath my nails. Turning my attention now to the students I cleanse the field of operation first with alcohol, applied on a piece of sterilized absorbent cotton. The alcohol removes all the fatty matter from the skin. I then rub the arm with soap and water and dry it by means of a clean and sterilized towel. If the operation is performed with a lancet the blade should be sterilized by passing it through a flame. I shall, however, as I have said, employ the vaccine point itself in preparing an absorbing surface. I scrape the epiderm away until I have come down to the upper layer of the corium, or true skin. There escapes, as you may see, a slight and faintly tinged serum, but no blood. A flow of blood is unnecessary. The capillaries should not be divided. Blood dries slowly, remains on the spot, and is not well absorbed. The exposed and slightly moist surface I now, first having softened the lymph by a drop of hot water, rub with the flat sides of the point and thus place the vaccine matter in contact with the absorbent vessels. The operation is now finished and

I shall proceed to repeat it upon the arm of the second gentleman.

Never Employ Shields After Vaccination.

I have here upon the table a number of shields which are supposed to protect the arm against friction by the underwear and other sources of irritation. They are really, however, of no avail. They confine the heat and moisture of the part, and, in this respect, act similarly to a poultice. They favor the growth of other germs, if any exist. They exert some compression and cause pain. For these reasons I never make use of them and have no hesitation in condemning them as worse than useless. When the operation has been properly performed with good lymph there is no need to cover the surface with a shield. I have often seen persons experience decided relief when these contrivances had been removed from the arm. They simply act as an additional complication and not as an assistant in preventing evil consequences.

The Course and Termination of Vaccination.

What happens after vaccination? We have caused to enter the circulation the seeds of a mild and innocuous infection. This pursues a definite and characteristic course, with which you must become familiar. For not every sore arm is a successful and effective vaccination, a "take," to use the popular expression. Nothing is apparent for three or four days. At the lapse of that interval a hard, red papule at the site of the insertion is the first evidence that the vaccinia is in process of evolution. The papule enlarges and two days later is transformed into a vesicle. This, like the vesicle of variola itself, is umbilicated: *i.e.*, it exhibits a little depression, or pit, at its apex. The vesicle is surrounded by a red circle, zone, or areola. On the eighth or ninth day another change occurs. Pus-cells are mingled with the lymph; the vesicle becomes a pustule. The conversion into a pustule is rather sudden. In two days the pustule reaches its acme. The areola then begins to fade and the contents of the pustule to dry up, forming a dark brown scab, which is complete at the fourteenth or sixteenth day. Cicatrization proceeds beneath the scab for another week, when the scab falls off, leaving a rounded, reddish, pitted cicatrix, corresponding in size to that of the scab by which it had been covered. This vaccination scar, as you all know, gradually loses its color until it becomes whiter than the surrounding parts. The development of the vaccine lesion may be attended by some constitutional symptoms, usually slight, such as fever and headache.

Thus you perceive that the vaccine process may be likened to variola in miniature. We have the same transformation of papule to vesicle and to pustule, the same umbilication of the vesicle, the same scabbing process, with the eventuality of a pitted scar.

Like other organized products, vaccine matter is very prone to decomposition. For this reason it cannot be kept long exposed to the air, especially in a warm room. Decomposing lymph is sure to excite disastrous accidents. This fact, and its mixture with other micro-organisms, account for the ill effects which sometimes follow vaccination. It has been my lot to witness in consultation some deplorable consequences which could all be traced to a faulty and reprehensible method of performing the operation, which, slight as it is from the surgeon's standpoint, should be performed with as much attention to surgical cleanliness as are more difficult procedures. Perhaps the mere triviality of the operation is apt to beget a carelessness in regard to it, as if it was only a little scratching of no moment and which could be done by anybody. Indeed, I suppose that we have all known or heard of laymen who imagine that they are entirely competent to perform vaccination.

Elliott Flower never invented a cleverer plot than that of "The Man Who Never Lived," found in the February Lippincott.

INTERNAL URETHROTOMY.[1]

By Charles C. Miller, M.D.,
Professor of Clinical Surgery in the Harvey Medical College, Chicago, Ill.

The first patient for operation to-night has a strictured urethra. He is 35 years old, and contracted his first gonorrhea nearly fifteen years ago. Since that attack he has suffered from the disease several times, and in the intervals between acute attacks has noted more or less of a gleety discharge.

While this is the characteristic history for gonorrhœal stricture according to the writers upon this subject, I will be able to show you, not infrequently, strictures of the urethra which have developed, or, rather, which are found very shortly after the subsidence of an acute gonorrhœa.

In looking over the history of urethral stricture you will find that the older surgeons, or rather the surgeons of many years ago, did not consider a stricture present in the urethra until very decided diminution in the caliber of the urethra had occurred. In these strictures of small caliber they were able to find the patients complaining of many and varied symptoms, so that they elaborated quite an extensive symptom-complex for this disorder. Later writers continued to copy these symptoms, so that you will find in the books of to-day many symptoms of this disorder which are rarely present, and which, instead of aiding you to make a diagnosis, will merely mislead you.

I would have you remember that the only reliable means of diagnosis will be an instrumental exploration of the urethra; for the patient may be unconscious of any symptoms which could be attributed to the stricture.

This patient before us merely complained of a gleety discharge at times. Now, that discharge was constantly present; but it was so slight as to escape his notice except when he had held his urine for a considerable time or after an erection, when its bulk was augmented by the normal viscid secretion of the urethra.

We can find it constantly present, by directing our attention to the urine rather than to his meatus. If we have him urinate in a glass, and hold this glass up to the light, we will see floating about in the urine a number of shreds and masses. These little shreds are made up of epithelial cells, pus cells, and the various micro-organisms which are found at the site of the stricture and which keep up a chronic inflammation at and posterior to this point. You will remember, then, to look for them in the urine rather than to examine the meatus.

This man's stream is unaltered and appears to be normal, so far as I can see. He has been previously treated by dilatation and has not been favorably impressed with that form of treatment.

The first feature to which he objects is the length of time taken in the treatment. He spent six months, going twice weekly, and then was not discharged, but quit treatment in disgust. During all this time he was worried by the discharge, which was increased by the sounding. Then he was always annoyed by the pain due to the passing of the sounds. This pain was no doubt insignificant, and he could have been treated in such a way by dilatation that he would have suffered no pain; but he is one of those individuals who will never overcome their fear of a sound. The most discouraging feature of the dilatation was that no chance of cure was held out to him, so that, as he saw it, he was face to face with a condition which would require treatment for many years to come. Of course this treatment of sounding monthly seems insignificant to us as surgeons in recommending it, but by a patient suffering from stricture it is looked upon with great concern.

What have we told him regarding urethrotomy which leads him to prefer it?

In the first place, we have not promised him a cure. We have merely said that undoubtedly many cases of stricture do not re-contract after they have been properly divided. The proportion of cures is greater than where gradual dilatation is used. Then our treatment will extend over a shorter time, and there will be much less instrumentation of the urethra. By exercising care in preparing our patient for operation, and observing certain points in the technique which I will outline to you, we can render this operation very safe and quite free from unpleasant complications.

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[1] Delivered to the students of the Harvey Medical College.

When you have made a diagnosis of stricture, and consider it advisable to operate, you must carefully examine that patient from every standpoint, so as to discover any physical abnormality. Particular attention should then be given to the genito-urinary organs. A profuse discharge of pus from any of these organs should be overcome. We will sometimes see these patients suffering from a fairly free discharge from the urethra, and in such cases treatment should be directed toward diminishing this discharge before operation. Many of these patients will have considerable pus in the urine, as the result of a chronic cystitis, and this pus has in it great numbers of pathogenic bacteria. This should, if possible, be overcome in great part before operation. Pyelitis is not infrequent in the more severe forms of stricture, and where considerable pus is found in the urine in such a case the urethrotomy should be delayed until a hygienic, dietetic, and constitutional treatment has been given a fair trial, with a view of reducing as much as possible the pus in the urine and improving any depression in the general health.

The patient before you was first seen over sixty days ago; he then had on his forearms and legs a rupial syphilide. He was treated for this with antisyphilitics and general tonics. This has resulted in the disappearance of the rash upon his body and an improvement in his general health. During this time he has had urinary antiseptics administered in moderate doses. Thirty grains of salol were given daily for a time, this being alternated with similar doses of boric acid. Combinations of benzoic acid and urotropin have also been used in moderate doses. In this way the patient finally reached a condition where only a very few shreds were found in the urine.

For the week preceding the operation he has been taking urotropin freely. Twenty-five grains were given daily until two days before operation, when it was increased to 35 grains.

Our first step in the operation will be to perform meatotomy, as this meatus is hardly as large as we wish. It will now permit of the passage of a No. 30 olive. With a free meatus, we will now flush out the urethra with a hot boric acid solution. You will note that the irrigating stream is large and flows freely in and out of the meatus. If this patient had strictures of small caliber in his urethra, these would be partly overcome before completing this flushing. Two quarts of the irrigating solution have been used, and we will now measure off the first stricture. A No. 30 olive refuses to pass over an inch into the urethra. A No. 26 and No. 23 also refuse to pass, and finally a No. 20 slips beyond this first stricture. As I draw it back you will notice that it catches on the posterior surface of the stricture, and I catch the shaft just at the meatus and withdraw the instrument. You will note that my assistant here has marked the point on the shaft of the large olive as it rested against the anterior face of the stricture, and by placing these two instruments together we can note the distance of the stricture from the meatus and its length. As you see, it is about an inch from the meatus and about a quarter of an inch in length. I now take the Otis urethrotome and expose the blade; I mark a point on its shaft which, when in contact with the meatus, will bring the knife up about half an inch posterior to the stricture. The blade of the instrument is now sheathed, and I introduce it until the point I have marked is in contact with the meatus. You will notice that the penis has been carefully held in the same position during this entire procedure. The instrument is steadied by the assistant, and I dilate it until the scale shows that 36 is reached. I now withdraw the knife for about three-fourths of an inch and then push it back into its sheath. My knife came up just behind the stricture; I withdrew it until I was certain it was well through the resistance of the stricture, and then pushed it back into its sheath. I now withdraw the urethrotome and slip in a No. 30 olive again.

I must now inform you that I am thoroughly acquainted with this urethra, as a result of a careful exploration previous to this operation, and can say that the olive will only pass about four inches and a half before meeting a second obstruction, and that about half an inch posterior to this stricture is a third. This measuring of the strictures at this time with the olives is not merely for purposes of demonstration, but is necessary, as changes in the size of the organ are considerable and measurements vary according to the amount of traction made upon it. You see that the olive refuses to pass, and so I am going to cut this stricture and the one immediately posterior to it at the same time. I mark on the urethrotome as beforehand, and pass it in until it rests with blade posterior to the stricture. It is again dilated up to 35 on the scale, and you can see as we pass beyond 20 on the dial that the dilatation is accomplished against a decided resistance. Now we have reached the scale which I desire, and the blade is unsheathed and drawn along very slowly. I feel the resistance of the deep stricture give way, and now the knife enters the second; now I feel that it has passed through it also and has been drawn along the urethral roof for about one and one-fourth inches. The knife is now pushed back into its sheath and our instrument withdrawn.

You would think that we had cut enough strictures in this man, but we are not yet through. I must now abandon the Otis instrument, for the contraction which we must now deal with is at the bulbo-membranous juncture, over six inches from the meatus.

I have here a delicate woven filiform, which I pass into the urethra, and as it slips in you note on its end a metal tip. This is now at the meatus and I screw to it this small, but long curved staff. This staff is about No. 7 of the French scale and is grooved along the superior surface. I now pass it into the bladder, carrying the filiform before it into this viscus.

I now pick up a large triangular blade on a long delicate shaft. This blade has, as you see, a blunt tip at the apex of one of its triangular extremities, and as I thread it into the groove in the staff you see that this blunt tip will rest against the roof of the urethra. It will lift up the healthy urethra, but when an inelastic portion is met with the cutting edge will divide it. As you see, the knife slips along the urethra without resistance until it has passed deep into the urethra; and now you see it stops. In order to show you, I will put my finger on the tip of the shaft and shove without grasping it. You see the resistance is distinct, and that I must push hard before the blade passes through it. The blade is now in the bladder, and I now withdraw the whole instrument, just as I would withdraw a sound.

This last instrument which I have used is the Maisonneuve urethrotome. I now take a No. 32 sound and pass it into the bladder. It meets with absolutely no resistance.

While we are flushing out this urethra and bladder with the hot boric acid solution I would call your attention to the careful manner in which we used our instruments in this urethra. The man has been under a general anæsthetic, so that pain was of no moment; yet we thoroughly anointed everything which went into this urethra with sterile carbolized vaselin.

You will also notice that we have cut freely, and yet we are having scarcely enough bleeding to tinge the irrigating solution. In a few cases we have persistent bleeding, the management of which I will detail to you in a later lecture.

This patient will be out of bed in the morning.

Original Communications.

DIPHTHERIA.[1]

By E. W. Mitchell, M.D.,
Professor of Pediatrics, Miami Medical College, Cincinnati, Ohio.

In order to make this paper short and as practical as possible it will be limited to the consideration of diagnosis and treatment.

Clinical Diagnosis.—The typical case is easily recognized. The temperature is moderately elevated, the pulse rapid. On inspection the membrane is at first a "gray veil," later white, gray, or deepening to black as the case progresses, leaving a bleeding surface if detached; surrounding the membrane an area of intensely red or dusky red mucous membrane. Very early the lymph-nodes at the angle of the jaw are enlarged. The patient is usually apathetic or somnolent, making little complaint. Loss of appetite is an early symptom. When the case has continued a day or two the odor of the breath is characteristic. Later, when decomposition of the membrane is advanced, the odor becomes foul. In the presence of such a case the tyro should have no difficulty in making the diagnosis. Unfortunately for the diagnostician this disease, like others, has many deviations from the type. The membrane may be so situated as to be out of view, as in the nares and post-nasal space, or in the larynx. In the clinical diagnosis one must in these cases be guided by the general symptoms and surroundings. The fact that the patient is a child with obscure symptoms, or the fact that an epidemic is prevailing, may arouse suspicion. Nasal diphtheria has a discharge which may be serous, sero-purulent, or sero-sanguinolent. According to Holt, nasal diphtheria occurs most frequently in infants or quite young children. The constitutional symptoms may be mild and no membrane may be seen at any time. That diphtheria may exist without membrane is definitely established by bacteriological evidence. These cases may be the source of the most virulent contagion in other subjects. Years ago I saw such a case. An elder brother had apparently a catarrhal rhino-pharyngitis, with mild constitutional symptoms, no membrane at any time being seen. A baby brother, two years of age, was allowed to enter his room and kiss him. In thirty-six hours the baby developed a malignant case, with most abundant growth of membrane, which proved rapidly fatal. The cases *sina membrana* cannot, of course, be positively diagnosed without the bacteriological examination.

Another class of doubtful cases are those in which the appearance of the throat is that of follicular tonsillitis—scattered areas of exudate instead of a continuous area. An attempt to separate the small patches of exudate from the mucous membrane may show them firmly adherent, indicating thus that they are diphtheritic, but this is not always so. The constitutional symptoms may be some guide—in diphtheria the onset more gradual, the patient apathetic or somnolent, the temperature not much elevated, the pulse rapid—out of proportion to the temperature. In follicular tonsillitis the temperature and pulse more nearly preserve their ratio—the temperature higher than in diphtheria, the patient with bright eyes, flushed cheeks, more restless, complaining much more of pain in throat, aching limbs, etc. The patches are scattered, at mouths of follicles, and easily separated. However, the positive differentiation in many cases can only be made by the microscope.

In laryngeal cases the clinical symptoms will ordinarily enable one to differentiate between diphtheritic and catarrhal croup. The former begins more insidiously with gradually increasing hoarseness, aphonia, and dyspnœa—the croupy paroxysms becoming gradually more severe. In catarrhal croup the onset is sudden. The child awakes in the night with a severe paroxysm of croup, having gone to bed well or with only the symptoms of a "cold"; between the paroxysms the breathing comparatively easy; in the diphtheritic laryngitis the breathing remains labored between the paroxysms. In catarrhal croup the paroxysms absent during the day; in the other very little difference between day and night. Very careful examination of the throat may find small deposits. Of course when the involvement of larynx follows the ordinary pharyngeal diphtheria there is no doubt. I have already stated that in many cases the diagnosis can only be made absolutely by the bacteriological test.

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[1] **Read at a joint meeting of Northern Kentucky and Grant County Medical Societies, held at Walton, Ky., December 10, 1903.**

Pseudodiphtheria, *i.e.*, that due to the growth of the pseudobacillus, resembling in its growth and staining properties the true Klebs-Loeffler bacillus, but not being virulent to animals, cannot be clinically distinguished from the true except as it may be suspected from the mild course of the attack. For the purposes of treatment it is not necessary to separate it. This term must not be confused with "diphtheroid," a term applied to all the pseudomembranous formations not caused by the Klebs-Loeffler bacillus. The organisms most commonly found is the streptococcus pyogenes. Other germs sometimes found are the diplococcus of Roux, staphylococcus pyogenes aureus, the pneumococcus, and in newborn children the gonococcus. "But," the gentlemen who live forty miles from a microscope will say, "of what use is this bacteriological information to me? If I must wait until the diagnosis is made by the microscope my patient will be dead before it can be obtained." Right here is the most important point I wish to make in this paper. *It is not necessary to make the bacterial diagnosis before instituting treatment.* Even in cities where the laboratory is at hand treatment should be instituted without waiting for the laboratory diagnosis, for the early hours of the disease are the precious hours—the hours for saving life and for saving the child from prolonged illness with its weakness, anæmia, perhaps paralysis. To send the sample to a laboratory to have a culture made and a report returned requires from twelve to twenty-four hours under most favorable surroundings. It is very rare that the clinical appearances are not sufficient at least to arouse the suspicion that the case is one of diphtheria, *and even a suspicion means give the antitoxin immediately.*

I do not mean to belittle the value of bacteriological diagnosis. For the sake of scientific accuracy it ought always to be made when the means for doing so can be obtained, and also for guidance in the later treatment of the case. In the city and in the country for many miles around the city this can be done. The practitioner can easily carry a culture tube in his satchel, make the inoculation at the bedside and mail it to the nearest laboratory, but he need not await the result of the laboratory examination to begin treatment. A negative report from a single examination in the laboratory should not be accepted as conclusive against the case being diphtheria. In several instances I have had a negative report from the health office on the first specimen sent, and subsequent examination showed the bacilli present in abundance. Fortunately, in treatment I had been guided by the clinical symptoms, which were quite distinctive in these particular cases.

TREATMENT.—The treatment for diphtheria is antitoxin. In view of the general acceptance of this fact by competent observers the world over it would seem superfluous to argue the matter. There are still, unfortunately, some who from ignorance or willful obstinacy oppose its use. My observations lead me to believe that many do not yet fully grasp the importance of its *early* use, and of its use in *sufficient quantity*. Some are not yet persuaded of its harmlessness. That it is quite harmless, save for such unpleasant sequelæ as urticaria and the avoidable production of abscess has been so thoroughly proven by laboratory experiment and enormous clinical experience that he is hopelessly incredulous who can examine critically this evidence without being convinced. Thousands upon thousands of prophylactic inoculations have been made without injurious result. Quantities as high as 120,000 units have been given in the treatment, with cure of desperate cases and with no ill effects attributable to the remedy. The results sometimes attributed to the remedy are in reality due to the disease, and occur when the remedy is not used early enough or in large enough doses. I leave out of count the cases of tetanus which have been reported, because such accident is to be avoided by using a reliable make of the serum.

I shall not quote the statistics as to the reduction of mortality. You have them in your books and journals at home. They are sufficiently convincing to any reasonable and candid mind. To me these statistics are not the strongest evidence of the efficacy of the remedy. The most convincing and satisfactory evidence is my own observation of the magical cure when given in sufficient amount. This is one instance in which one *sees* the effect follow the cause. It follows so speedily, so obviously, so uniformly that he who has given it a fair trial cannot doubt. It is when given after the third or fourth day that the remedy fails to manifest its saving powers—when the destructive action of the toxin upon the blood, nerve-centers, and heart have already been wrought; when secondary infections have already occurred. Even in the late cases it should be used, since it does sometimes rescue apparently hopeless cases. One of my friends said to me not long ago, "but how can you tell at the beginning whether it will be *necessary* to use antitoxin?" Very easily, for it is *necessary* in *every* case of diphtheria, however light, and does no harm if the case be not diphtheria. Therefore, give the patient the benefit of the doubt, and always use it.

To determine the dose has required time and experience. In the Boston City Hospital, where the results have been particularly good, considering the class of patients dealt with, larger doses are used than have usually been recommended. The initial dose is 4000 units in patients above one year old, repeated every six hours until positive effects are seen. Most writers advise in mild cases 1000 units under one year of age; above one year 2000 to 4000 units, giving larger doses in severer cases. My own rule has been to give 1000 units in mild cases under one year. In severer cases and laryngeal cases under one year 2000 or 3000 units, repeated every six or eight hours until the effects are observed. Above one year or two years, 4000 units for severer cases. The reports made by the Boston City Hospital show conclusively that many bad cases may be saved by repeated injections of full doses.

I will break the resolution expressed above, not to give statistics, so far as to refer to one report—one made by Dr. John Zaborsky, of St. Louis, in Medical News, December 5th. This is a very striking showing of what the early use in full doses can accomplish. This report is a collection of statistics from twelve physicians of St. Louis who have large practice among children, who use antitoxin promptly in every case, who take pains to get a good serum and use it in sufficient doses. The twelve report 1610 cases with 24 deaths, a mortality of 1.5 per cent. The report includes laryngeal cases, many of which were intubated.

All other treatment is subsidiary, but by no means unimportant. Rest in bed; careful feeding of nourishing and readily assimilable food; attention to complications, particularly on the part of the heart and kidneys, are all of great importance. I think it is good practice to give iron during the acute stage and the convalescence, if the stomach tolerates it well. If the bowels do not move freely, calomel should be used. When the prostration is great strychnia is often of great service. Alcohol, only a few years ago, was looked upon as a sheet-anchor in diphtheria. In the cases in which efficient doses of antitoxin have been given early it will very seldom be needed. In the *septic* cases it is invaluable and should be given in full doses.

As to the local treatment of the throat my own practice varies. In young children and infants who resist I seldom make any local applications; if any are made it is done by washing out the pharynx with a small soft-rubber syringe, with the child lying on one side. If the nares are involved they are irrigated in the same way, mild and unirritating antiseptics, such as boric acid, being used. In children old enough to gargle, peroxide of hydrogen is given as a gargle or with the atomizer. I abandoned the use of the swab many years ago.

SMALL-POX AS CONSIDERED BY THE ANCIENT ARABIAN PHYSICIAN, RHAZES.

By Samuel Horton Brown, M.D.,
PHILADELPHIA.

To THE readers of medical history the views of Hippocrates, Galen, and Celsus regarding small-pox and similar fevers are more or less familiar, but the medical practice of the ancient Arabians and Persians is so seldom given the credit to which it is entitled that it seems appropriate, during the present widespread appearance of variola, to bring forward briefly the views entertained by Rhazes, the celebrated Arabian physician of the ninth century Anno Domini.

In order to attach greater interest to the description it may be well to give a short account of his life. While commonly spoken of as Rhazes, his full name was Abu-Becr - Mohammed - Ibn - Zacariya -Ar-Razi. The spelling of his common name has been subjected to many variations, and we frequently encounter it as Rasæus, Rases, Razeus, Razi, Rhazeus, Rhazis, Arrasi, and Errasis. He is also spoken of as Abuter, Albubecar, Albueter, Abubater, Abuchare, and Bubikir.

The exact year of his birth is unknown. He is said to have been a Persian by birth, but from what may be gleaned from his writings and from those of his contemporaries, he resided during the middle of the ninth century Anno Domini in Rai, a town in the north of Irak Ajemi, near Khorassan. According to Abu-l-Feda and Ibn Khallikan he was a musician before he began the study of medicine, which he took up when he was past 40 years of age. His tutor was the celebrated At-Tabari, also called Abu-l-Hasan, Ali-Ibn-Sahl, and Ibn-Rabn-At-Tabari, the son of a Jewish physician, born in Tabaristan. At-Tabari was forced to flee from his native country by reason of political disturbances therein, and, taking refuge in Rai, he met Rhazes, who afterward became one of his pupils. Rhazes, on completing his studies, was appointed as the first physician to the hospital in his native town, but later he received the appointment to that at Bagdad. He traveled to Jerusalem and to Africa on more than one occasion, and was considered the ablest and most distinguished physician of his time.

He was a most prolific writer, having contributed over two hundred treatises on philosophical and medical topics. He composed one treatise on "Alchemy" and presented it to Al-Mansur, known also as Abu-Salih-Al-Mansur-Ibn-Ishak, Ahmed-Ibn-Nuh, prince of Kirman and Khorassan, and a descendant of Bahram Kush, who, it is related, on examining it closely, was so well pleased with it that he made the author a present of a thousand dinars, or about $2500, expressing a wish to see the principles enunciated by him put into practice. Rhazes complained that he was unable to do this for want of ample funds, which were thereupon promised by his benefactor, after which he declared it was impossible to bring about the effects he had claimed in the book. Incensed by this deception, Al-Mansur struck Rhazes on the head with a whip and dispatched him with ample provisions to Bagdad. This blow was considered to have been the exciting cause of a *nuzular-l-ma,* or cataract, which subsequently developed, rendering Rhazes completely blind. The etiology of this condition was veiled in the grossest obscurity at that period, so much so in fact that in this particular case the affection was attributed by some very clever men of the time to an unusual quantity of beans consumed daily by Rhazes.

When the true nature of his condition became known to him he was inclined to allow an operation for its relief, but the inability of the attending surgeon to tell him promptly how many membranes the cataract contained caused him to decline any interference. He died at an advanced age, about 932 A.D. He compiled a treatise of medicine called "Cetabu-l-Mansuri" or "Liber ad Mansorem," which he dedicated to Al-Mansur, whom I have already mentioned. It consisted of ten books, covering the entire subject of medicine as it was then known, arranged somewhat on the same plan as the works of Paulus Ægineta and Haly-Abbas. It was the most popular text-book of the ninth century and included, by its arrangement, all the principal thoughts of his predecessors, such as Hippocrates, Oribasius, Aëtius, Paulus Ægineta, and Galen. He also wrote "Divisio Morborum," "Liber Contineus," and a small treatise on the subject of small-pox or "Jadari" and measles or "Hasbah."

The habits of Rhazes are said to have been extremely industrious in character and his disposition most generous and liberal. The old saying, "birds of a feather flock together," is reputed to have been employed by him on several occasions, thus attesting its antiquity. Once while walking along the street with his pupils he was met by a madman, who, on looking at him, burst into laughter. On returning home Rhazes administered himself a dose of *afitimun* or thyme, a cholagogue cathartic. On being questioned why he did so, he replied: "Because the madman just now laughed when he saw me, which he would not have done if he had not seen in me some traces of the bile by which he himself is oppressed. 'Birds of a feather flock together.' "

His peculiar views as regards the pathology of the disease, small-pox, are such as to attract more than passing attention. He attributed it to putrefaction and fermentation of the blood whereby noxious vapors were thrown out from it and its (the blood's) characteristics greatly changed. The great liability of children and young adults to contract the disease was noted by him; and as regards reason, he stated it occurred most frequently in the latter end of fall and the beginning of spring, in rainy summers and mild winters.

As to premonitory or prodromal symptoms, his observation was especially keen. He stated that the eruption of *jadari,* or small-pox, is preceded by continued fever, pain in the back, itching in the nose, and terrors in the sleep; fullness of the face, which at times comes and goes; an inflamed color and redness of the cheeks, redness of the eyes and gums; pain and heaviness in the head; nausea, and a feeling of anxiety and general uneasiness.

The procedures employed during this period with a view to preventing the eruption and thus aborting the disease are of absorbing interest. Rhazes advised bleeding the patient by means of cupping glasses or the lancet, and to administer troches of camphor in acid pomegranate-juice. The diet during this stage consisted of foods which were believed to extinguish heat, such as *adasiyah,* a soup made by boiling yellow lentils in water till they were nearly dissolved then adding red vinegar, coriander, and salt; *hisrimiyah,* a broth made of lamb, kid, or fowl, seasoned with *hisrim,* the juice of the unripe grape; *sicbaj,* minced meat dressed with vinegar and honey or acid syrup, to which were sometimes added raisins, figs, and chiches; kid's foot jelly; the strained liquor of the *sicbaj;* veal broth; and *masus,* the broth made from the flesh of birds. The patient was also directed to drink cold water, eat acid pomegranates, and suck the juice of rhubarb, citron, and unripe grapes. When the body temperature was hot, barley-water to which acid pomegranate-juice was added was advised. Bathing in cold water during the middle of the day was likewise looked upon with favor in this early period of the disease. It was also directed that the bowels should be kept open by means of Damask plums and sugar or whey and sugar. If the air of the room was foul, the faces of the patients were to be bathed constantly with saunders-water and camphor.

He believed that acid substances such as vinegar, buttermilk, juice of citrons, unripe grapes, apples, quinces, rhubarb, etc., cabbage, lettuce, black night-shade, camphor, etc., checked the putrefaction and ebullition of the blood to which the disease was attributed at this time. In this, as in all conditions in which there was heat and inflammation of the liver and effervescence of the yellow bile or *safra,* he advised the following:—

℞ Red roses ground fine, 10 drachms.
Tabasheer, 20 drachms.
Sumach,
Broad-leaved dock seed,
Lentils, peeled,
Barberries,
Purslain seed,
White lettuce seed, of each 5 drachms.
White saunders, 2 $^1/_2$ drachms.
Common camphor, 1 drachm.

The directions prescribed that 3 drachms of this powder were to be taken every morning in an ounce of the inspissated juice of citron or some similar vegetable acid juice. Other prescriptions of a more or less similar composition were likewise advised in the early stage of the disease.

Rhazes observed that in connection with the fever there occurred distension of the body, frequent stretching, pain in the back, redness of the complexion and eyes, violent headache, a strong full pulse, shortness of breath, red and turbid urine, and a hot condition of the body-surface. In robust individuals at this stage he advised venesection. The drinking of large quantities of cold water was also considered beneficial. When the eruption began to manifest itself it was thought that it could be hastened by wrapping the patient in warm clothes and by administering a crude vapor-bath by placing two basins of boiling water beneath him in such manner as to allow the vapor to come in contact with the entire body excepting the face. A decoction of a handful of figs, raisins, peeled lentils, sweet fennel-seed, and twigs of lac given internally, served as additional treatment for the same purpose.

The tendency of the lesions to attack and seriously damage the eyes, throat, nose, ears, and joints did not escape the keen observation of Rhazes, and he gave instructions in his works as to the care of these portions of the body. As soon as the symptoms of small-pox appeared, he advised washing the face carefully with cold water and dropping rose-water into the eye. As the eruption appeared, macerated sumach or galls were added to the rose-water collyrium, which together with the juice of the pulp of pomegranate, was then employed. As may be readily seen, these substances were astringent in character. It was also advised to wash the eyelids with a *shiaf* or solution of one part each of red-horn poppy, the juice of unripe grapes, rusot, aloe, and acacia, and one-tenth part of saffron. When it seemed impossible to prevent the formation of pustules in the eye by these measures, a drop of *nabathalan caviare* was instilled and a collyrium made up of *cuhl* in coriander-juice or camphor-water was employed.

For the care of the throat and mouth a gargle consisting of acid pomegranate-juice was advised, or an infusion of sumach, or the inspissated juice of white mulberries. In the absence of any of these, cold water was to be used; when the breathing became hoarse and suffocation was threatened, bleeding from the cephalic vein was to be tried. Butter mixed with white sugar was to be allowed to dissolve in the mouth if there was no excessive heat therein, but should there be any heat or inflammation in the mouth the patient was to use mucilage of fleawort-seed, peeled almonds, and white sugar candy. If the bowels were relaxed a linctus made up of gum arabic, peeled almonds, the seed of the serpent cucumber, and white starch, mixed up with mucilage of quince-seeds should be administered.

To the nose he directed that camphor dissolved in warm oil of roses should be applied daily and into the inner ear warm red vinegar mixed with a collyrium of red-horn poppy or rusot should be dropped two or three times daily, after which a piece of cotton should be inserted.

When the pustules appeared over the joints they were to be opened immediately, if large, and the joints to be bathed with saunders, red-horn poppy, Armenian boles, roses, camphor, vinegar, and rose-water. If the soles of the feet became painful, they were anointed with tepid oil and fomented with hot water and cotton. In order to hasten the maturation of pustules it was a common practice to foment the body with the steam of hot water or of a decoction of chamomile, violets, melilot, marshmallows, and bran of wheat.

When the pustules became large they were to be pricked and the fluid soaked up with a clean cloth with the view of drying them up hastily. At the same time fumigation should be performed by means of dried rose-leaves, myrtle-leaves, saunders, and leaves of the lily or of the tamarisk. Excessive moisture was believed to influence the diseases unfavorably, and for this reason the patient was advised to sleep upon a mattress stuffed with pounded roses, rice-meal, or millet-meal. In the event of the patient's body becoming excoriated, fresh leaves of the lily were to be placed under him and an aromatic powder of roses and myrtle was to be sprinkled over him. In the presence of ulceration he employed the red aromatic powder composed of aloe, frankincense, sarcocol, and dragon's blood.

When the pustules ruptured, the following mixture was applied to hasten their drying up:—

℞ Oil of sesamum, 1 fluidounce.
Andarene salt,
Alum, of each, 2 drachms.

This was allowed to remain for one hour, after which it was removed by washing with a decoction of emblic myrobalans, the galls found on the white tamarisk, myrtle-leaves, and pomegranate peels. The dried crusts were to be removed by soaking and by the application of warm oil of sesamum.

The scars following small-pox received considerable attention from this careful observer.

He speaks of the lesions of the eye as rendering it of an opaque whiteness, particularly in children, and recommends the use of andarene salt, sal ammoniac, bastard sponge, sarcocol, sal prunella, and a host of other remedies for the removal of this whiteness. For the scars on the body he frequently employed the following:—

℞ Meal of common chick-peas,
Bean-meal, of each, 3 drachms.
Melon-seed, 5 drachms.
White litharge, 2 drachms.
Red roots, dried, 3 drachms.

These were pounded together and applied after coming out of the bath.

During the height of the disease, Rhazes restricted the diet to the juice of pomegranates, troches of tabasheer, barley gruel, gum arabic, Armenian bole, roses, and peeled lentils, interdicting the use of meats, particularly those of young birds, until the pulse and respiration have become normal and the crusts have fallen off.

He noted the occurrence of diarrhœa when the disease was on the decline, and advised withholding at this period all substances which would tend to relax the bowels. He administered sour buttermilk in these cases. He also remarked that in cases in which the pustules became confluent and tended to spread and the abdomen became inflated, death was nearly always close at hand. When the pustules came out quickly and speedily ripened, and the fever and heat were quickly alleviated, it was his experience to have an uneventful recovery.

In giving this review of the practice of this celebrated physician, much of the detail has been necessarily omitted; and in conclusion I refer the readers for further information to the excellent translations of the Sydenham Society and the works of Richard Mead, to which I beg to acknowledge my indebtedness.

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Abstracts.

Large Saline Injection Followed by Death.

At a recent meeting of the Medical Society of the Hospitals MM. Achard and Paisseau reported having made an autopsy upon a woman in whom, in order to combat an internal hæmorrhage in consequence of a hysterectomy, there had been injected beneath the skin within twenty-four hours 10 liters (2 gallons) of an artificial serum containing 5 parts of sodium chloride and 10 parts of sodium sulphate to 1000 parts of water. Death was due to pulmonary œdema, of which the patient had presented the symptoms and of which they had found the lesions. There were also renal lesions consisting of a considerable œdema histologically localized in the pyramids, together with epithelial alterations in the tubuli.

It is not established that these lesions were due exclusively to the sodium chloride in excess, for that salt was much diluted in the solution injected; the fluid itself was hypotonic and congealed at — 0.44. It is precisely by reason of this hypotony that the muscles of the patient had given a less proportion of the chloride than those of a subject dead of rapid suffocation, taken as a term of comparison.

Nor does it seem that the quantity of sodium sulphate injected could explain the lesions. It was therefore necessary, in the opinion of the reporters, to refer the effects to the enormous quantity of water.

Experiment shows, moreover, that by the comparative injection of strong and weak solutions of sodium sulphate into the veins, rabbits are destroyed by a small amount of the sulphate and much water as well as by much of the sulphate and a little water.

Finally, by injecting beneath the skin of a rabbit more than a liter (nearly a quart) of the saline solution which had been used in the patient's case, death had been produced in a few hours in consequence of dilatation of the heart. The authors had likewise detected some alterations of the renal epithelium, comparable to those obtained by MM. Castaigne and Rathery *in vitro* by submitting that epithelium to the action of hypotonic liquids.—Le Bulletin Médical.

Œdema of the Lungs Due to Subcutaneous Injection of Artificial Serum.

At the same meeting of the above medical society M. A. Bergé made a communication concerning the case of an old man, the subject of arteriosclerosis, with cirrhotic kidney and aortic insufficiency, in whom a subcutaneous injection of a saline solution 7 to 1000 produced, upon two different occasions, a decided attack of pulmonary œdema with intense dyspnœa, anguish, some cyanosis, and subcrepitant râles. This case furnished a clinical verification in man of the experiments of Hallion and Carrion, Achard, and Loeper, who, in the animal, had provoked œdema of the lungs by intravenous injection of saline solution. It proves that the subcutaneous injection of artificial serum, like the alimentary ingestion of salt, is not without danger to patients having Bright's disease and brittle arteries.—Le Bulletin Médical.

Measles, Tuberculosis of the Skin, and Meningitis.

At a recent meeting of the French Society of Dermatology and Syphilography MM. Gaucher and Druelle related the history of a boy, 9 years of age, who, fifteen days after an attack of measles, presented an eruption of papular tuberculosis of the skin; several weeks later he died of tuberculous meningitis. The case is of interest, as it demonstrates the tuberculous nature of those cutaneous lesions in which are found neither the bacillus tuberculosis nor the habitual microscopical aspect of tuberculosis.—Le Bulletin Médical.

Typhoid Fever in a Diabetic.

At a recent meeting of the Medical Society of the Hospitals M. L. Rénon said that cases of typhoid fever occurring during the course of diabetes mellitus are so rare that he considered the following case worthy of mention.

The patient was a man, 45 years of age, who suffered in November and December, 1902, from typhoid fever, regular during the first days, but with a manifest ataxo-adynamic tendency, with a rectal temperature from 40° to 40.3° C. (104° to 104.5° F.). Serodiagnosis was positive. The diazo-reaction of Ehrlich was present in the urine, which contained a little albumin, some indican, and 45 grams of sugar per liter (more than an ounce to the quart). On account of the condition of the patient it was impossible to ascertain whether the diabetes had pre-existed. His acquaintances had not remarked the presence of polyuria, polyphagia, or polydipsia. Neither had sugar been detected in two examinations of the urine made during the two preceding years. With succeeding days the condition grew worse and about the fifteenth day of the disease, after four blackish stools occurring within five hours, the patient perished, within ten minutes, from excessive intestinal hæmorrhage.

In this curious case the patient did not seem to have exhibited decided diabetic symptoms. Was it simply glycosuria? The speaker was not able to answer this question, but remarked that the proportion of sugar was high for a simple glycosuria.

The case ought to be compared to those of typhoid fever developing in diabetics and of which the number is very restricted. Diabetes is not at all modified by typhoid fever, and the glycosuria persists notwithstanding the presence of fever. On the other hand, typhoid fever possesses certain peculiarities in diabetics: the temperature is not so high, the signs are less marked, the gravity is greater, and death may take place during the second week.

In the speaker's patient the evolution was the same as that in all asthenic cases of typhoid fever with a temperature of 40° to 40.3° C. The fever did not modify the glycosuria; the latter, however, was probably not without effect upon the gravity and depth of the intestinal ulcers by favoring the development of the microbes of secondary infection. The speaker greatly regretted that he had not given small doses of methylene blue (2 to 3 grains), which, in typhoid fever, often lowers the temperature several tenths of a degree and at the same time suppresses diarrhœa.—Le Bulletin Médical.

Two Cases of Syphilis Acquired by Hereditary Syphilitics.

At a meeting of the French Society of Dermatology and Syphilography M. Gaucher stated that the first patient had had syphilis eleven years; he had had various secondary manifestations and at the present time shows signs of locomotor ataxia. Nevertheless, he displays several signs of hereditary syphilis, especially in the shape of the hard palate and the deformity of the tibia. The other patient was a woman who, seven years previously, had acquired syphilis from her husband. She had several miscarriages. By a second husband, whom she had not contaminated, she has one child, which is plainly syphilitic, with multiple mucous patches, etc. Now, this woman has a deformity of the nose dating to her third year and which is characteristic of hereditary syphilis.

M. Barthélemy said that these were cases of dystrophy from inherited syphilis and that these by no means denote an active form of the disease, which alone confers immunity.

M. Fournier said the facts reported by M. Gaucher are not rare. The speaker's son had collected several cases in his thesis. It is certainly necessary to distinguish between dystrophic hereditary syphilis and virulent hereditary syphilis. It is only the latter which must be taken into account in acquired syphilis. In the two cases of M. Gaucher hereditary disease is revealed by the deformed nose of the woman and the tibia of the man. The deformity of the nose is not the result of an ostitis. It is a simple malformation. He had had the opportunity to examine several such cases at autopsy. There was no lesion. There was only abnormal development and not an active lesion. He would express no opinion as regards the deformity of the tibia, having never made any necroscopical examination. It is possible that this is also a simple dystrophy. In order to determine that a syphilis is doubled it is necessary to find, for instance, a chancre followed by roseola in a young man of 20 years who had had in his early youth certain lesions of syphilis, such as coryza, mucous patches, etc., and that the speaker had not yet seen.—Le Bulletin Médical.

Infantile Scorbutus with Suppuration of Hæmatomata and Osteomyelitis.

At a meeting of the Medical Society of the Hospitals M. E.-C. Aviragnet said that although infantile scorbutus presents a very special symptomatology, even in its abnormal forms, it still sometimes escapes recognition. It seemed useful, therefore, to report two cases which he had observed. The first was that of an infant of 14 months, a fine child until 13 months of age, who suddenly began to decrease in weight (675 grams in twenty-five days), grew pale, cried when touched, seemed to have pain in all its limbs, and lay motionless as if paralyzed. There was noticed a slight swelling of the right femur above the knee; the gums were swollen and around the teeth was the violaceous, hæmorrhagic line characteristic of infantile scorbutus.

The little patient had been fed almost exclusively with the sterilized milk of commerce. This was immediately suppressed and replaced by asses' milk; lemon- and orange- juice was prescribed (2 to 4 teaspoonfuls of each every day). At the end of eighteen hours an improvement began to show itself and after forty-eight hours the suffering had disappeared. At the end of a week of treatment the babe was transformed. A month later it was completely cured.

The second case was that of a babe, 6 months of age, fed, like the first, on commercial sterilized milk and who, in consequence of a grippe, complicated with bronchitis, presented all the classical signs of infantile scorbutus with—and this is rather a rare symptom—hæmaturia.

Barlow's disease was here complicated with broncho-pneumonia of the left apex, a fact which explained the elevation of the temperature observed and which was the cause of a complication seldom witnessed in this disease: suppuration of subperiosteal hæmatomata and consecutive osteomyelitis of the femur and ribs.

The hæmaturia and hæmorrhagic swelling of the gums disappeared after eight days of treatment (asses' milk, lemon- and orange- juice); but the cure of the osteomyelitis of the femur and ribs was only obtained long afterward by removal of the necrosed portions of bone. At the date of report the child was entirely well.

It seems that both these cases of Barlow's disease were due to the abuse of sterilized milk, and the speaker agreed with

M. Netter and the majority of writers that the affection corresponds to the scurvy of adults, which is due, as we know, to the nature of the diet. The fever which accompanied the disease in the second case seemed to be in favor of the theory according to which Barlow's disease should be a hæmorrhagic septicæmia, but it was really caused by a superadded affection: grippal broncho-pneumonia.

In order to prevent the occurrence of this malady it is necessary to give from time to time some antiscorbutic substances, such as lemon- or orange- juice, to those infants who have to be raised on sterilized milk and starchy articles.

In the discussion which followed M. Comby, after briefly alluding to two cases which he had recently seen, gave his opinion that it is not necessary to forbid the employment of sterilized milk any more than that of mothers' milk, because the latter is sometimes faulty. Both must be watched. —La Tribune Médicale.

Glycosuria and Diseases of the Ear.

In an article upon the above subject in La Tribune Médicale Dr. Frey says that glycosuria of nervous origin being so well known and long recognized it is of interest to inquire if complicated purulent otitis might produce the same symptom. The fact seems proved by the following case:—

A patient was operated upon by Politzer for a cholesteatoma of the mastoid. The day after the operation there were cerebral symptoms which occasioned a second intervention. The middle cerebral fossa was opened by the trephine, but nothing was found. Opening into the sinus revealed the presence of fungosities and abscess of the cerebellum. On the same evening the respiration was slow, the pulse unequal, and sugar appeared in the urine. The glycosuria persisted for six days. It then disappeared, as well as the other bulbar troubles, and the patient recovered.

There had been no sugar in the urine at the time when the patient entered the hospital, and the glycosuria disappearing while wounds were being dressed there is nothing to oppose the supposition that it occurred under the influence of the cerebellar abscess. There could, in fact, be no question here of toxic glycosuria, which is slight and transitory, and develops in the course of febrile affections, as pneumonia, erysipelas, etc.

Four of the cases reported by Grunert showed pus in the neighborhood of the fourth ventricle. That the fourth ventricle was equally interested in Frey's case seems logical to believe, especially in view of the disturbances of respiration and circulation. (It is known that the ganglia of the pneumogastric are situated below the fourth ventricle.)

To complete a clinical picture which was already of the clearest, but of which the exact nature of the lesions escapes identification: There could not have been an irruption of pus into the ventricle. There is no instance of leptomeningitis, even when localized, being cured, and, moreover, at the operation there was no trace of deep fistula. The abscess was entirely encapsulated in the substance of the cerebellum. As the bulbar symptoms and the glycosuria did not occur until after incision of the dura mater, we cannot impute them to the compression which this variety of abscess, covered as it is by the tentorium cerebelli, exerts upon its vicinity.

The most simple explanation appears to be that, the abscess being opened, the surrounding zone had reacted, either spontaneously or under the influence of the operative traumatism, by an exudation or œdematous infiltration sufficiently large to involve the floor of the fourth ventricle.

Osseous Complications of Chronic Purulent Otitis Media.

From the clinic of Professor Schiffers, of Liège, the following cases are reported:—

1. A young girl, 16 years of age, attacked

by extensive necrosis of the mastoid process and in a condition of profound anæmia; she was completely cured by removal of the dead bone.

This clinical fact, says the author, is interesting for several reasons:—

(a) It shows that an otorrhœa may ultimately involve a very serious alteration of the general health, which should rather be attributed to chronic toxæmia, due to partial retention of septic products, than to extension of the focus of suppuration.

(b) It demonstrates the error of those who consider a purulent discharge from the ear as a negligible circumstance.

(c) Finally, the favorable results of the operation show once more the relative benignity of cases of pure necrosis compared with those of diffuse caries, of which the extent is large in all senses and of which the radical cure is sometimes so difficult.

2. The second case was one of attico-antral caries in a young man, 22 years of age, whose ear had been suppurating for six years with a notable diminution of hearing and with vertigo. The author performed attico-antrotomy. The result was not only cessation of the vertigo, but also some improvement of hearing.

3. By a similar operation the author also cured a young girl who suffered from diffuse attico-antral caries.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Treatment of Infantile Diarrhœa by Solutions of Gelatin.

Weill, Lumiere, and Pehu report most excellent results from the use of gelatin in the diarrhœas of infants. Chemically pure gelatin is taken and dissolved in ten times its weight of boiled water. The solution is then sterilized in an autoclave at 120° C. for a half hour. The solution is then tubed, putting 10 cubic centimeters (representing 1 gram of gelatin) in each tube. The contents of one tube are then added to each bottle of milk given to the infant. In this way 8 grams of gelatin may be given a day, although they have used 12 or even 14 grams. The good effects of the treatment are seen very soon. The number of stools diminishes, they become more solid, and lose their green color and offensive odor. The general symptoms improve rapidly—often after four or five tubes.

The medication finds its clearest indication in cases of dyspeptic diarrhœa without organic lesion. In true cholera infantum good effects were not obtained.

The gelatin appears to have a direct effect upon the coagulation of the milk and upon the intestinal secretions. The fermentative and putrefactive processes are stopped, perhaps by a purely physical process, as some experiments outside the body would seem to indicate.—Interstate Medical Journal.

Expectorant Mixture.

In an article upon the general subject of febrile diseases in children in the Post-Graduate Dr. Augustus Caillé gives, among others, the following formulæ to check cough:—

℞ Potassii iodidi,
Tinct. opii camphorat., of each, ʒj.
Liq. ammon. anisat., ʒss.
Syrupi Tolutani, ʒvj.
Aquæ, q. s. ad ℥iv.

Dose: $^{1}/_{2}$ to 1 teaspoonful three to four times a day; an expectorant for children and adults.

℞ Camphoræ tritæ, gr. ss.
Acidi benzoici, gr. ij.

May be taken in sweetmeats three times a day as expectorant for children.

Terebene and terebene hydrate may be taken for any form of chronic bronchitis as an expectorant; the dose is from 2 to 5 drops in syrup or on sugar, and it may be administered by inhalation in all throat affections (2 ounces per week).

For the Anginal Paroxysm.

Powell recommends the following in the treatment of this condition:—

℞ Spiritus ammoniæ aromatici, 1 drachm.
Sodii bicarbonatis, 10 grains.
Tincturæ cardamomi compositæ, 1 drachm.
Spiritus chloroformi, 20 minims.
Solutionis nitroglycerini (1 per cent.), 1 minim.
Aquæ, q. s. ad $1.^1/_2$ ounces.

M. et ft. haust. To be slowly sipped on the commencement of symptoms.—Gaillard's Medical Journal.

Renal Opotherapy in Albuminuria.

At the meeting of the Academy of Medicine which was held on December 22d a sensational communication was made by Professor Renaut, of Lyons, which affords grounds for thinking that many cases of albuminuria will in future be curable. The following are the conclusions which Professor Renaut has drawn from his researches. Extract of macerated kidney administered to patients suffering from renal insufficiency is one of the most active and most efficacious methods of medication hitherto employed. It restores the function of a waterlogged kidney more than does any other known means. It acts both quickly and surely, even in cases where no preliminary depletion of the kidney, as by the application of leeches to the triangle of J. L. Petit, has been tried. The extract has a powerful diuretic action, and when employed for a reasonable space of time it brings up the urinary output to the normal and maintains it at that level. Further, it has no harmful influence upon the affected kidney. Among other advantages of this method of treatment, owing to its renewing the activity of the gland, it rapidly reduces the output of albumin by the kidney. It will even cause a disappearance of the albumin for a long period, and so there is every chance that, the tubules of the kidney being given functional rest, the renal epithelium will be renewed; at least in those cases—which are fairly frequent—in which such renewal is histologically possible. It is, therefore, as Raphael Dubois discovered and demonstrated at one stroke, an antitoxic method of the first class. The antitoxin consists of the "preproducts" of the glandular secretion of the epithelial cells of the convoluted tubules, and the important point ascertained by Dubois was that this antitoxin is not destroyed by the gastric juice. It is this fact which allows of the application of renal opotherapy. The kidney extract introduced into the organism *per os* exercises a real antitoxic effect. On the other hand, signs of slight poisoning may arise from its use, such as pruritus, urticaria, miliary rashes, sweats, or, after it has been administered for a few days, slight gastric disturbance. Apart from these complications, however, Professor Renaut and his assistants have never seen any unpleasant effects due to the use of the extract. It produces its antidotal effect in a regular and progressive fashion, and under its use the arterial hypertension, Traube's "gallop rhythm," and the tendency of the heart toward a fatal passive dilatation successively diminish, provided that the extract be given for a sufficient period of time. This method of treatment should be begun at as early a stage of the disease as possible, and it should not be substituted for other therapeutic measures, but used as an adjunct to them. Its only inconvenience is the necessity of preparing the extract fresh every day. But this difficulty can be easily surmounted if it be considered that the object of the treatment is to save human life. —Lancet.

Rheumatism.

After placing the liver and alimentary tract in good condition Dr. E. B. Silvers, of Rahway, N. J., says in the Medical World that his plan, very successfully used, is to give four times a day one of the following capsules:—

℞ Powd. ext. poke-root, gr. j.
Powd. ext. cannabis Ind., gr. $^1/_4$.
Powd. ext. juniper, gr. j.
Powd. ext. jaborandi, gr. ss.
Pulv. bisulph. quinine,
Salicylic acid, of each, gr. iiss.

If the quinine and salicylic acid produce the constitutional symptoms of tinnitus aurium and your patient needs further rheumatic medication, substitute salicylate of soda for the two above-named medicaments.

Epilepsy.

In an article upon epilepsy in the Medical Standard Dr. William F. Waugh says:—

"Here is one remedy whose action in some cases of epilepsy seems too well proved to permit it to be neglected, and yet its mode of action is not at all explained. This is verbenin. It was introduced to my notice some years ago by Dr. H. D. Fair. After this Dr. French, of Carbondale, took it up, and reported some undoubted cures in which verbenin figured largely. He attributed the epilepsy to intestinal parasites of the maggot family, and believed verbenin acted upon these. A number of other cases have been reported in which verbenin proved useful, in which the parasites were not noticed, though I am not sure they were searched for in all cases. While some failures have been reported, this is not to be wondered at in dealing with a newly introduced remedy whose action, physiological and therapeutic, is as yet undetermined. That it has sometimes succeeded is the interesting point.

"I have been unable to find anything to show what effect verbenin exerts on the vital functions. The directions I have given in advising this remedy are to administer $^1/_3$ grain four times a day, and add $^1/_3$ grain a day whenever a fit occurs. Some persons report having reached doses of 19 grains a day without notable effects; but usually before 3 grains a day have been reached the good effects of the drug are manifested in the gradual lightening and final cessation of the convulsions.

"In this connection it may be well to call attention to a remedy which has been termed 'anti-epilepsy.' It is composed of atropine and glonoin, $^1/_{250}$ grain each. This remedy has proved quite effective, the patient carrying it about and taking 1 or more granules whenever the fit threatens. The glonoin flushes the face almost instantaneously, and this effect is sustained and prolonged by the atropine. By this means the convulsion is jugulated at the start. After the patient has learned to rely on this most powerful and effective remedy he finds it acts even better than at first, so that in time the knowledge that he has an unfailing means of preventing the development of the convulsion will suffice to allay the irritability, without his needing to have recourse to its administration."

Asthma.

Plant uses the following fumigating powder:—

℞ Stramonium-leaves,
Green tea, of each, 4 drachms.
Lobelia, 1 $^1/_2$ drachms.

Mix and pour on the mixture enough solution of niter to wet it. Dry and preserve in a closely stopped bottle.—Gaillard's Medical Journal.

Powders for Cardiac Hypertrophy.

Matlack uses the following combination in cardiac hypertrophy:—

℞ Asparagin, 10 grains.
Potassii bromidi, 2 drachms.
Sacchari albi, 3 drachms.

M. et divide in pulv. no. x.

One three times a day.—Gaillard's Medical Journal.

Fissures of the Breast.

Lepage states that he has found solutions of boric acid on compresses excellent, but he offers this formula:—

℞ Menthol,
Cocaine hydrochloride, of each, 7 $^1/_2$ grains.
Powdered salol, 30 grains.
Lanolin,
Petrolatum, of each, 6 $^1/_4$ drachms.

M. Make an ointment.—New York and Philadelphia Medical Journal.

Caffeine Hypodermically.

Caffeine is not suitable, as a rule, for hypodermic injection, owing to its comparative insolubility—being soluble in not less than 80 parts of water. Its solubility is greatly increased by the addition of equal parts of sodium benzoate or sodium salicylate, or perhaps antipyrin. The following combinations are consequently suitable for hypodermic use:—

℞ Caffeinæ,
Sodii salicylatis, of each, ʒj.
Aquæ destillatæ, ʒij.

M. Sig.: Five to ten drops hypodermically. Or:—

℞ Caffeinæ, ʒiij.
Sodii benzoatis, ʒij.
Aquæ destillatæ, ʒv.

M. Sig.: Five to ten drops hypodermically.—Journal of the American Medical Association.

Tympanitis of Typhoid Fever.

Troublesome tympanitis interfering with respiration I have succeeded in relieving by giving:—

℞ Sodii bromidi, ʒj.
Aq. dest., ℥j.
Aq. flor. aur., ℥ij.

M. A tablespoonful every two hours; and ordering an enema of 1 ounce of glycerin to 2 to 3 ounces of hot water to be thrown into the rectum.—Dr. Leonard Weber in Post-Graduate.

Injection in Syphilis.

The following combination is recommended by Anthony in the treatment of syphilis:—

℞ Hydrarg. biniodidi, gr. iss.
Potass. iodidi, gr. ix.
Sodii phos., gr. xv.
Aq. destil., ℥ij.
Sol. sodii chloridi (decinormal), ℥ij.

M. Sig.: Sixteen drops by hypodermic injection once daily.—Journal of the American Medical Association.

Scrofula.

In the treatment of scrofula, so states the Medical Press, codliver-oil should be given during the winter months if the stomach can retain it. In the summer the syrup of the tannate of iodine or the following may be given:—

℞ Calcii iodidi, ʒiss.
Aq. calcis, ℥ij.
Aq. menth. pip., ℥iv.

M. Sig.: One teaspoonful in a small amount of water twice daily after a meal.

Every second day a bath should be taken, the water containing sodium bicarbonate, 2 ounces; and sodium chloride, 32 ounces. The body should receive a thorough rubbing daily, after which the following should be applied:—

℞ Eau de cologne,
Spts. lavendulæ, of each, ℥iij.

M. Sig.: To be rubbed thoroughly over the body.

The diet should be rich in fats and phosphates. Consequently the patient's food should consist mainly of milk, eggs, farinaceous compounds, meat, chicken, and dry vegetables. The country and seaside are better locations for these cases.—Journal of the American Medical Association.

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EXPERT TESTIMONY.

In the course of trials at law it will often be necessary for the court and jury to receive instruction upon some professional or technical subject which enters into the case. As physicians it is naturally the matter of medical-expert testimony in which we are specially interested. Members of the profession are called in where there has been suspicion of foul play and where damage suits are brought on account of injuries. In the former class of cases a heavy responsibility rests upon the witness. His opinions and expressions will have a serious influence in determining questions of life and death. In damage suits his reputation as a sagacious and accurate diagnostician is liable to be conspicuously heightened or marred by the manner in which he testifies. All who have occupied the stand as medical-expert witnesses will concur upon these points. Probably all will likewise agree that, as the system at present remains, a very unsatisfactory state of affairs exists. The system in vogue pleases neither the lawyers nor the doctors. The former often speak slightingly of the value of the expert witness. The latter complain of the long and circumstantial hypothetical questions put to him and which he is expected to answer categorically in a few words. The greatest objection to the arrangements which now exist is the liability of the medical witness to become almost unconsciously and almost inevitably a partisan of the side for which he is called. It is in accordance with human nature that if a man expresses an opinion in public and such opinion is challenged by an opponent he will feel himself bound to justify his belief to the best of his ability. He must remember, however, that he is not before the court to render any judicial expressions, even within the domain of his own profession, but to advise the court and jury concerning matters with which their position and pursuits have not made them familiar, but which are directly within the line of his life's work. His duty is to study the subject impartially and without prejudice or preconceived ideas. It would be well if courts all over the land could adopt a course suggested by Judge Abraham Beitler, of Philadelphia, in a recent trial over which he presided. A woman had brought suit against the street car company on account of injuries received in a collision between the car on which she was a passenger and another car. A number of witnesses testified to conflicting views, and it seemed difficult to arrive at a just decision. At this point the judge interposed. Calling the two lawyers before him he said that both were there in the interests of justice. If the claimant had been severely and irreparably injured through no fault of her own and while under the care of the company's representatives, and if the facts were consonant with the law for such cases, she would have a legal right to compensation. The object of the trial was to establish justice as between the company and the claimant. In order to have doubtful points explained, the learned judge suggested that the opposing counsel should select a physician in whom they could all place confidence and bring him into court for the purpose of making a thorough examination from the medical point of view. The judge was willing that the physician should have the right and power to ask such questions as he saw fit, to examine the patient, and take the stand as an expert representing both sides. The lawyers at first agreed to the proposition, and a physician was selected; but a disagreement then arose among the lawyers and the plan was abandoned. A scheme of this kind would be far better than that now in operation, in which doctors are pitted against each other, give, perhaps, divergent opinions, and sometimes bring the medical profession into something like contempt. The physician, as a man of science, is the last in the world who should allow himself to be turned into an advocate. The lawyer is in court for the purpose of establishing the contention of his client or of defending him against a charge. The physician is there with a distinctly different object. He is to testify to the facts of the case irrespective of their bearings or effects. It is for the lawyers, the judge, and jury—the apparatus of the court of law—to adjudicate upon the evidence. In so far as it comes within his sphere it is the physician's duty to enlighten the members of the court upon matters brought up for discussion.

Some such agreement, some such modification of existing customs, would seem to be demanded at the present time. It is a not infrequent, but unseemly, spectacle to see physicians disputing with each other in court, "darkening counsel" rather than enlightening the mind. In every trial which involves medical question, more particularly in criminal cases, the necessity for change and improvement is made manifest. The present system does not work well in practice, is unsatisfactory to all parties concerned, and calls loudly for amendment in such a manner that the ends of justice may be attained in a more speedy, sure, effectual, and dignified manner than is possible under existing regulations.

THE VENTILATION OF PUBLIC CONVEYANCES.

All the functions of life must proceed lamely without a free and sufficient supply of oxygen. Theoretically this fact is well understood and universally admitted. In the habits of life it is too often forgotten. In summer we are not apt to suffer for want of fresh air, but in winter a great many people, in their efforts to keep warm, house themselves and sit in close apartments. When their pursuits call them abroad they travel in close and stuffy conveyances. Oxygen is the source of combustion, whether it is consumed in the lungs or in our furnaces. Many radically bad habits attend life in cities. Lack of fresh air is one of the greatest. The preservation of health is of far more importance than the cure of disease. In order to keep in good health people must obey the laws of hygiene. One of the most imperative of these is the breathing of fresh, pure air. At its best the air of large cities must be contaminated. Innumerable germs float in the atmosphere. It is certain that those fall the easiest prey to disease who deny themselves the advantages of fresh air and exercise. The very people who are always in fear of what they call draughts are those who most often "take cold."

Simple modes of life are the best and most healthful. Many influences combine to rob life in cities of its simplicity. Work, and above all anxiety, the exactions of what is called society, late hours, insufficient rest, neglect of exercise in the open air, bad dietetic habits, sleeplessness—all these are factors which will undermine the sturdiest constitutions.

Street cars are a necessity of life when one lives a long distance from his place of occupation or when his business requires him to travel about from one part to another of the city. Nevertheless, great numbers ride in the cars many times when they would do better to walk. Pedestrianism is one of the best of exercises and it is at the command of everyone possessed of average health and strength. Business people of all grades ought to walk to the office or store whenever possible. If the home is too far away, at least a portion of the distance could be traversed on foot. Late rising is in part responsible for much unnecessary street car riding. Many men and women hurry through a breakfast and sow the seeds of indigestion because they start the day too late. Then they feel obliged to rush to the car in order to save every minute. Legions of people think it a hardship to walk a mile.

They enter a street car, and what do they encounter at this time of the year? A compartment on wheels, with doors and ventilators closed almost hermetically, perhaps crowded with passengers, full of excrementitious matter which must be brought into contact with the lungs, certainly not to the advantage of those abused organs. The air of the car is grossly impure and the motorman has the better of the passengers—although he is exposed to the weather. If the air is cold, but dry, how much more invigorating and enjoyable is a brisk walk than a car ride under such circumstances. When the weather is damp or stormy the conditions are inexpressibly worse. The street car becomes an abomination. In the morning and evening everybody is in a rush to and from their places of business. The steam of a crowded and overcrowded car is almost unbearable to persons accustomed to outdoor life. Nor do the bad effects disappear with the crowd. Not long ago we waited for a car at the depot from which it made its start. The streets were full of melting snow. The car rolled into the station behind time. It was empty of riders, but they had left their trace. The floor was a puddle of mud. The conveyance was cold, damp, and unventilated. Not only so, but it was distinctly malodorous. We were obliged to beat a retreat to the rear platform, where the air was, at least, a little better than inside. The car left the station in the same condition it entered. The scheduled time had to be obeyed. There was no opportunity either for cleaning it or ventilating it, and it started on another long route to gather up more filth as it went. These conditions are not only a source of disgust, but actually of disease. The combination is pathological. On other occasions we have seen the platforms full even to the lowest step with a struggling mass of humanity.

This herding is largely avoidable, partly by the public and partly by the company. The latter is responsible for the cleanliness and ventilation of the cars.

There is room for much complaint, also, as regards the condition of hired hacks. These are too frequently in a dirty state which could easily be avoided by proper care. They are little more than boxes on wheels, and at the best allow a limited breathing space. The atmosphere of steam cars is frequently stifling, and the ventilation leaves much to be desired. The health and comfort of the traveling public should be attentively studied by the management of all transportation lines, whether operated by electricity or steam, through the streets of our cities or across the country.

THE REVIEWING OF BOOKS.

The columns devoted to the review of books cannot be considered otherwise than as an important department of a medical journal. The notices should be prepared with conscientious care. In order to do so the books must be examined sufficiently to ascertain the manner in which the author has managed his subject. This is a matter which requires time. The work should be intrusted to writers who have a competent knowledge of the topics represented by different publications. It should not be handed over to some young man who would like an easy way of accumulating a library at little expense of time, money, or labor. Such neophytes are apt to be very severe critics. They are keen to detect any faults which may exist, but have little to say of distinctive merits. They indulge in glittering generalities. Certain favorite phrases or expressions are made to do yeoman service. We read, for instance, of a work which has cost the author much study and thought that "it is very indifferently written," that "the author has failed to give the modern acceptations," that "he is inclined to go around his subject," that "he seems to be in ignorance of the work of Professor Blank upon the same subject," etc. Other reviewers content themselves with a few sentences taken from the preface, together with a sketch of the table of contents or a repetition of the announcement sent out by the publishers.

Such articles are destitute of value. They convey no real judgment as to the worth and usefulness of the book. They are destitute of any information by which the reader of the journal might decide whether the volume should be added to his library.

Such superficial treatment is unfair. A great deal of hard work is involved in the production of any medical book. The labor begins with the first paragraph, follows through every chapter, is repeated in the revisions of every edition, and never ceases as long as the book holds the market. This unremitting toil deserves and should have more than a perfunctory recognition. Every work published has a right to claim examination upon its merits. Every author has a right to ask for an unbiased hearing. Every publisher is entitled to receive an appreciative acknowledgment of the books sent for review. When we say appreciative we mean that the characteristic features of the work should be perceived and pointed out, not that books should be praised beyond their value or that all performances should be represented as on a level. In these days, however, reliable publishers of medical works supply the professional public with text-books written by men of experience and reputation.

Every book has some distinguishing feature in the mode in which its subject is presented and treated. It should therefore be the reviewer's part to recognize such individualities and bring them to the knowledge of the prospective reader. Candid judgments of this kind should be of material assistance to the reader. Different men have different standards of value and comparison, even as regards the working tools of their own profession. Some will wish a work of encyclopædic dimensions, in which every detail shall be minutely recorded. Others will prefer one which gives prominence to the bold outlines of the theme, but omits comparatively unimportant matter. The undergraduate requires a different book from the practitioner. Between these limits all varieties of tastes are to be consulted. All these points should be perceived by the critic, and by such means the physician will be able to form an idea of the manner in which the author has accomplished his task. It is proper to call attention to an author's literary style. There is an immense difference in this respect. Some writers have the happy art of presenting matter in such a style that an interest is awakened and maintained. Others are not so successful, and to read them demands more of an effort.

The story is related of a college professor to whom a student objected that the proverbs of Solomon did not seem to be samples of inspired excellence. "Try to make a few, young man; try to make a few," was the professor's response. If the gentlemen, young or otherwise, who fling off book reviews with a rapid pen after a superficial skimming of the contents were to try their own ability in writing a book, we think that their eyes would be opened to some facts which had not previously come within their range of vision. In fact, many of the most unsparing critics are those who scarcely ever pen a line.

The conclusion of the whole matter is that a good reviewer will make himself acquainted with the scope, individualities, and excellencies of every work brought to his notice. He will follow the author in his statement of facts and conclusions and will endeavor to appraise them at a just value. He will pay more attention to virtues than to defects. Whatever defects may come to his notice he will indicate in a courteous manner and with a view to the correction of the fault in the next edition. An author should not be offended at any honest criticism. If minor blemishes are shown to exist in his work he should gladly embrace the opportunity for subsequent correction. This is usually the case. It is hard to produce perfect work, strive as we may, and tares will spring up among the wheat notwithstanding our strongest efforts and watchful care. Let these be weeded out that the good grain may remain.

Medical News and Miscellany.

An Able Specialist, but a Poor Gunner.—We were on our way to the railroad station the other evening when Dr. F. Savary Pearce rushed by in great excitement. "What is wrong, professor?" we asked. "Just returned from a great hunting tour; and really," he added, "saw two deers—one was immense." At this point the professor described his deer (not his dear, for he is still living in single blessedness) most minutely, even to the great antlers. "Did you get your game?" we asked. "No; the fact is that at the most critical moment my gun would not go off," said our distinguished professor. Well, we thought, as the doctor swept on, the professor is very good in detecting deers—even sweet dears, for which he has an especial good taste—but he is far better and a more able shot on broken nerves and irritable brains than upon the wild animals of the forest.

January McClure's.—The biggest thing, certainly, in the January McClure's is the article of Carl Schurz, "Can the South Solve the Negro Question?" It will awaken discussion, much of which is bound to be vehement. Neck and neck with this article in political and social significance is the second chapter of Part Two of Miss Tarbell's "History of the Standard Oil Company." The other articles comprise one of A. W. Rolker's "Zoo" animal stories, "The Wild-Animal Surgeon and His Patients," and a stirring account of "Tunneling Out of Libby Prison," by James M. Wells, one of the survivors of this daring epic. There is fiction to suit everybody. Henry Wallace Phillips begins his new "Red Saunders" series by a rollicking account of the blossoming out of the Saunder Ranch. Myra Kelly has one of her inimitable child stories, "The Touch of Nature"; there is a tale of a highwayman in the good old English times of stage-coaches, by Eden Phillpotts, with the suggestive title of "A Pickaxe, and a Spade, a Spade"; a rushing fireman story, "Lieutenant Connor's Cowardice," by Harvey J. O'Higgins; a tragic and compelling story of Manila, "The Failure," by James Hopper; and a whimsical tale of love routing mathematics, "The Tree of a Thousand Leaves," by Alice Brown.

Dr. E. S. Gans.—Dr. E. S. Gans, one of the dermatologists to the Philadelphia Hospital, and for many years chief of the dermatological clinic at the Medico-Chirurgical Hospital, has been elected dermatologist to the Mt. Sinai Hospital, of Philadelphia.

The January Lippincott's Magazine.—Mr. Edgar Fawcett's admirers will welcome a new novel from his pen in the New Year's number of Lippincott's Magazine. The title is "Doreen," in honor of its heroine, a young English girl whose destiny is fixed by a chance resemblance which she bears to a girl who has died, lamented by parents and lover—though from far different motives. The plot is woven with skill and power, and under the visible romance lies a subtle love interest which works along to a triumphant finish.

The author of "The Woman Who Toils," Marie Van Vorst, contributes a short but masterly tale called "The Lady and the Property." This is a love story in which there is involved an estate and a grasping parent as well.

Edward Boltwood's name is coming more and more to the fore in the magazines of to-day, and no better example of his work can be found than his tale, "The Marriage of Stitch O'Sullivan." A man in hard luck, saved from suicide by a sympathetic woman, repays her by risking his life in her behalf. But he has not counted on woman's unreasonableness—and the result is not what he hoped, though it sets him on his feet financially.

"How Placide Won the Capital Prize," by Francis Lynde, is a rather out-of-the-ordinary kind of story of an unsophisticated Creole, the winner of the capital prize.

Virginia Tatnall Peacock's child story called "A Little Girl's Kingdom" is sweet and appealing to grown-up hearts.

A truly humorous contribution comes from the pen of John Swain under the title, "A Matrimonial Lottery." In this the "race question" is shown up in an original and very amusing light.

Prof. A. Schinz, of Bryn Mawr College, presents a plea for a National Theater. He gives some interesting facts about the attempts toward this end in France, and closes by intimating that unless other nations hurry up their plans America may be the first to realize a great popular theater.

George Moore's "Avowals" are continued this month by a paper discussing the relative characteristics of Loti and Rudyard Kipling.

Contributions of verse are from Phœbe Lyde, Ingram Crockett, Ethel M. Kelley, Zitella Cocke, and Susie M. Best.

A witty contributor calls the "Walnuts and Wine" department the Magazine "dining-room," presumably because there's "plenty of spice and all that's nice" to be found there.

Resignation.—Sir John Burden Sanderson has resigned the position of Regius Professor of Medicine at the University of Oxford.

Koplik's Spots as an Early Symptom of Measles.—The opinions expressed as to the significance of Koplik's spots in measles differ considerably, although the majority of observers regard the spots of diagnostic importance. M. Manasse has been able to see forty-eight cases of measles in a very early stage, and has watched for Koplik's spots. These spots are small bright red spots, with irregular shape and with bluish-white glittering centers, and occur especially opposite the molars on the buccal mucous membrane or on the palate. In forty-five of his forty-eight cases, the spots were well marked and appeared about twenty-four hours after the initial symptoms, and could be easily separated from the actual eruption of measles, which appeared two, three, four, and even five days after the beginning. In cases of rötheln and scarlatina the spots were not to be found, and he therefore comes to the conclusion that Koplik's spots are easily differentiated from the real exanthem of measles, and are seen in the majority of cases; when seen they form an important early diagnostic sign.—British Medical Journal.

Dr. John J. Archinard.—Dr. John J. Archinard, of New Orleans, La., has been elected house surgeon of the Old Soldiers' Home.

Radium and the Bacillus Typhosus.—R. Browne-Carthew writes as follows in the Lancet:—

"The following experiences with bromide of radium upon cultures of the bacillus typhosus may be of interest to some of your readers. The cultures were of the usual kind, in agar, and were exposed to the rays of 50 milligrammes of the salt for periods varying from fifteen minutes to forty-eight hours. The longer exposures were in the dark, in order to eliminate any inhibitory effect of daylight upon the cultures. The tubes containing the cultures were at first placed horizontally above the radium at a distance of five centimeters, but were afterward allowed to rest in an upright position actually upon the mica cover of the box containing the radium, so that the culture received the full rays diverging from below upward throughout its length. From each tube subcultures were afterward taken without difficulty, and so far as could be observed there seemed to be no inhibitory action upon the growth of the culture. Rather the contrary, for in the opinion of more than one observer, examining the cultures under a high power, there seemed to be more activity in those cultures which had been subjected to the longer exposures, and in cultures which had been exposed than in others of the same date which had not been exposed to the radium but had been simply excluded from daylight.

"These experiences would seem to lead one in the direction of supposing the beneficial action of radium in certain cases to be that of stimulation of normal tissue rather than directly bactericidal. It is not easy to determine accurately the activity of a radium salt, but at a rough estimate the radium used in this instance is sufficiently strong to make its rays apparent upon the screen through a thickness of fifteen coins, half-crowns and pennies. They therefore pass easily through the thickest part of a Cabaud gauge, and in therapeutic use an application to the skin of five minutes produces redness and one of ten minutes a slight burn, appearing after two days. The cultures were kindly prepared for me in the labbratory of the Westminster Hospital."

Lycoming County Medical Society.—The banquet of the Lycoming County Medical Society was held on the evening of January 8th, at the Hotel Updegraff, Williamsport, Pa. The occasion was eminently enjoyable.

Southern Surgical and Gynæcological Association.—The Southern Surgical and Gynæcological Association has elected the following officers for the ensuing year: President, Floyd W. McRae, Atlanta; first vice-president, George S. Brown, Birmingham, Ala.; second vice-president, J. Shelton Horsley, Richmond, Va.; treasurer, Charles M. Rosser, Dallas, Tex.; secretary, W. D. Haggard, Nashville, Tenn. Dr. Richard Douglas, of Nashville, and J. Wesley Bovée, of Washington, were named to fill vacancies on the board of the council. Birmingham, Ala., was chosen as the place of holding the convention next December. Dallas, Tex., had bid for the meeting, but as the statue of W. E. B. Davis, founder of the organization, is to be unveiled at Birmingham, it was decided to hold the convention there.

Orleans Parish (La.) Medical Society.—At the regular annual election of the Orleans Parish Medical Society the following officers were elected for 1904:—

President, Dr. M. J. Magruder; first vice-president, Dr. J. A. Storck; second vice-president, Dr. William M. Perkins; third vice-president, Dr. O. Joachim; secretary, Dr. S. M. D. Clark; treasurer, Dr. E. J. Huhner; librarian, Dr. Homer Dupuy; additional members board of directors, Drs. E. J. Graner, E. H. Walet, and M. M. Lowe.

Pruritus and Prurigo as Signs of Abdominal Carcinoma.—Mr. L. Wickham says that among four patients complaining only of pruritus, he found in three a cancer of the stomach and in one a neoplasm in the splenic region. The cutaneous affection presented itself under slightly different aspects; in two cases, simple pruritus; in one, pruritus with eczematous eruption; in one, *prurigo ferox* of Vidal. Although this relation of affections has been pointed out by Besnier, it has not received sufficient attention. Even though the coincidence of pruritus and cancer is not common, it should be remembered, as the cutaneous trouble may appear a long time before the cancer itself gives rise to symptoms, and thus be a sort of warning. Along with hepatic, uræmic, diabetic, alcoholic, and senile pruritus there should be placed cancerous pruritus. — St. Louis Courier of Medicine.

Sir William Gowers.—Sir William Gowers, F.R.S., has been elected an honorary member of the Vienna Internal Medical Society.

Cincinnati Lancet-Clinic.—Dr. J. C. Culbertson has determined to retire from the active management of the Lancet-Clinic. Beginning with the number of January 2, 1904, Dr. Mark A. Brown assumes the editorial direction and Dr. Frank B. Cross the business reins of this journal.

Dr. Culbertson is one of the veterans of medical journalism, and the Lancet-Clinic under his management was known as an excellent periodical. The new editor is to have a strong staff of coadjutors, and their aim will be to maintain the high standard which the journal has always exemplified.

Portrait of the Late Dr. Thomas G. Morton.—On the afternoon of January 11th the committee to which was intrusted the preparation of a portrait of the lamented Dr. Morton made an informal presentation of the result of their work to the Board of Managers of the Pennsylvania Hospital. The committee consisted of Drs. James C. Wilson, Thomas H. Andrews, and Frank Woodbury.

American Society of Tropical Medicine.—The first public meeting of the American Society of Tropical Medicine was held at Houston Hall of the University of Pennsylvania, Philadelphia, on January 9, 1904, Dr. James M. Anders, a vice-president of the society, in the chair. A brief statement of the scope and workings of the society was made by the secretary, Dr. Joseph McFarland, after which the speaker of the evening, Dr. James Carroll, of the United States Army, and a former member of the commission appointed by the Surgeon-General of the United States to investigate yellow fever at Havana, Cuba, made an address upon "The Etiology of Yellow Fever."

Dr. Carroll reviewed, in an interesting manner, the early researches upon the etiology of the disease, giving special consideration to the work of Freire, Sanarelli, and Finlay, then reviewed the work of the commission, whose researches have now become world-wide, and resulted in the proof that we have no reason to believe that yellow fever is propagated by any other means than the bites of the mosquito known as *Stegomyia fasciata.* It is only the female mosquito that bites, therefore only the female mosquito that becomes infected. The mosquito is able to impart the disease only after twelve days have elapsed since its own infection, and may retain the ability to infect after many months, providing it does not meet with destruction in the meantime. A description of the experiments made to show the infectiousness of *fomites* seemed to exclude all possibility of yellow fever being transmitted directly.

It was with pleasure that the speaker reported that confirmation of all the work of the United States Commission had been given by the more recently appointed French Commission.

Information regarding the society, its objects, and its workings can be had by applying to the secretary, Dr. Joseph McFarland, Medico-Chirurgical College, Philadelphia.

Dr. John W. Scane.—Dr. John W. Scane has been appointed registrar of the Faculty of Medicine of McGill University, Montreal, in succession to Dr. von Eberts, who resigned a short time ago. Dr. Scane recently has been an assistant to the professor of physiology.

Obituary.—Edward Fridenberg, M.D., a member of the American Medical Association, American Laryngological, Rhinological, and Otological Society, American Otological Society, New York Ophthalmological Society, and New York Otological Society, etc., ophthalmologic and aural surgeon to the German Hospital, president of the Harlem Medical Society, died from apoplexy at his residence in New York City, aged 48.

Riberi Prize.—The Turin Academy of Medicine has awarded the Riberi Prize of $40,000 to Professor Scalve, for his successful anti-anthrax serum as the best work accomplished in the medical field since the prize was last awarded, five years ago. When the serum is used local treatment is unnecessary, and if administered in time the lesion heals and the tumor is spontaneously absorbed. He has found the best method to be a single large dose slowly injected (40 or 50 c. c.) at three or four points in the forearm or back of the hand. This serum treatment has found a cordial welcome in Argentina, where it has been applied in one hundred and thirty cases, reducing the mortality to zero except in the moribund cases. Competition for the Riberi Prize is open to the world, but preference is given to a work that tends to improve conditions in Italy.

Dr. Willis F. Westmoreland.—Dr. Willis F. Westmoreland, of Atlanta, has been appointed president of the Georgia State Board of Health, a body created by recent legislative enactment.

University of Southern California.—The Faculty of the College of Medicine of the University of Southern California has accepted the resignation of Dr. J. H. McBride as dean, and elected Dr. Walter Lindley to fill the position.

Scientific Societies Meet.—On December 29th, 30th, and 31st, the Association of American Anatomists, the Society of American Bacteriologists, and the American Physiological Society met in Philadelphia. Dr. Frederick G. Novy, Ann Arbor, Mich., was elected president of the Society of Bacteriologists, and Prof. Charles S. Minot of Harvard University, president of the Society of Anatomists.

Berks County (Pa.) Medical Society.—At the annual meeting held in Reading the following officers were elected: President, Dr. John F. Feick; vice-presidents, Drs. George Hetrick and James W. Keiser; recording secretary, Dr. Daniel Longaker; corresponding secretary, Dr. Hiester Bucher; treasurer, Dr. Irvin H. Hartman; reporter, Dr. William S. Bertolette; trustee, Dr. George W. Kehl; censors, Drs. Oan J. Thompson, Christopher H. Shearer, and William E. Fisher; curator, D. S. Grimm, and librarian, Dr. S. Banks Taylor, all of Reading.

French Obstetrical Congress.—The fourth session of the French National Periodical Congress of Gynæcology, Obstetrics, and Pædiatrics will be held at Rouen, April 5 to 10, 1904, under the presidency of Dr. Richelot, of Paris. The Section of Gynæcology will be presided over by Dr. Richelot, that of Obstetrics by Dr. Guillemet, of Nantes, and that of Pædiatrics by Professor Kirmisson, of Paris.

Garré Goes to Vienna.—Professor Garré, of Königsberg, has accepted a call to Vienna as successor to Gussenbauer. He is Swiss by birth and is now in his forty-eighth year, a pupil of von Brüns. He has occupied chairs at Tübingen, Rostock, and Königsberg, and his name is well known from his numerous articles on almost all branches of surgery. He was at one time editor of the Correspondenz-Blatt für Schweizer Aerzte.

Long Island Medical Society.—The Long Island Medical Society has elected the following officers: President, Edward S. Hodges; vice-president, William Austin Tomes; secretary, W. Carl Schoenijahn; treasurer, Edward E. Cornwall; editor, James Watt; trustees, for three years, Lefferts A. McClelland in place of Heber N. Hoople, whose term expires; Sylvester J. McNamara and Arthur C. Jacobson. Mr. Evarts Prentiss, counsel to the society, and Dr. Arthur C. Brush (resigned) were elected honorary members.

Richmond Academy of Medicine and Surgery.—Officers were elected for 1904 as follows: President, Dr. George Ben. Johnston; first vice-president, Dr. D. M. Mann; second vice-president, Dr. O. F. Blankingship; third vice-president, Dr. J. Allison Hodges; secretary, Dr. Mark W. Peyser; assistant secretary, Dr. W. Brownley Foster; treasurer, Dr. Ennion G. Williams; librarian, Dr. A. G. Brown, Jr.; judiciary committee, Drs. W. S. Gordon, Stuart McGuire, D. J. Coleman, H. H. Levy, R. F. Williams, and R. D. Garcin.

Minnesota Valley Medical Society.—At the annual meeting of the Minnesota Valley Medical Society, Mankato, December 1st, Dr. Charles I. Green, of St. Paul, read a paper on "Aortic Aneurism, with Special Reference to Diagnosis," and Dr. Halder Sneve, of St. Paul, on "Mechanotherapy in Nervous Diseases." The annual election of officers resulted as follows: President, Dr. Ira F. Bishop, Mapleton; first vice-president, Dr. L. A. Fritsche, New Ulm; second vice-president, Dr. J. W. McCarthy, Madelia; secretary, Dr. E. F. Steele, Mankato; treasurer, Dr. G. F. Merritt, St. Peter.

International Otological Congress.—The Seventh International Congress will be held at Bordeaux August 1 to 4, 1904. A sum of 3000 francs has been given by Baron de Lenval, of Nice, for the purpose of establishing a Lenval Prize. The interest is to accumulate in the interval between two meetings and to be awarded to the author of the best essay upon the practical treatment of diseases of the ear. The judges are: Professor Politzer, of Vienna; Dr. Rennie, of Warsaw; Dr. Gellé, of Paris; Professor Pritchard, of London; Professor Saint John Roosa, of New York; Professor Kircher, of Würzburg; Professor Grazzi, of Florence, and Professor E. J. Moure, of Bordeaux.

Fatal Bromoform Poisoning.—Dr. E. H. Dwelle, of Northwood, Iowa, reports, by courtesy of the attending physician, Dr. C. A. Hurd, in the Journal of the American Medical Association for December 19, 1903, the case of a girl of 2 years and 9 months who had been sick for about two weeks with whooping-cough.

TREATMENT.—Belladonna and antipyrin had been given without much effect on the spasms. On the evening of July 21st the child was put on 2-drop doses of bromoform every four hours with decided benefit, the patient sleeping comparatively undisturbed that night; the next day she was playing about the house and yard, with only an occasional attack.

POISONING.—About 7 P.M. of the 22d the child went to a drawer, took out the bottle of bromoform, and swallowed some of the contents. The burning sensation caused the child to scream, which attracted the attention of the mother, and she at once took the bottle away from the child. Some of the liquid had been spilled on the floor and on the child's dress. About half the contents of the 3-drachm bottle remained.

Symptoms.—For several minutes the child seemed to be unaffected, but the mother attempted to telephone to town, about three miles distant, for a physician, and the telephone failing to work she called the child's father. By that time the child began to show signs of drowsiness. As soon as a team could be made ready they drove to town with the child, who was then in a condition of deep narcosis. They reached Dr. Hurd's Hospital about 8.30 P.M. No pulsation could be detected at the wrist or carotids, and no sound of heart-action was at any time to be detected.

Treatment.—Strychnine and whisky were injected hypodermically, the stomach washed out, the head lowered, and artificial respiration begun. The only encouraging symptoms were occasional spasmodic gasping attempts to breathe. The breath smelled strongly of bromoform. The pupils were widely dilated. There was no cyanosis until after about three hours, when the body began to get cold and the lips and fingernails blue. It was not until then that artificial respiration was abandoned.

Dose.—The amount taken can only be estimated, but by conservative calculation 30 or 40 minims was the maximum amount swallowed.

COMMENTS.—No very accurate conclusions can be drawn from this case, except that bromoform is a dangerous drug, probably more poisonous than chloroform, and should be handled with care. Its action was comparatively rapid and apparently paralyzed the heart's action and vasomotor system more rapidly and completely than it did respiration. It was effective in controlling the spasms of whooping-cough, when used in full doses, but its agreeable taste makes it a temptation to the child who has access to it.

Medical Club of Philadelphia.—The annual meeting occurred on the evening of January 15th at the Bellevue Hotel. The reports of the secretary and treasurer were submitted, officers elected for the coming year, and the evening ended with a collation and entertainment.

Book Reviews.

The Neurological Practice of Medicine. A Cursory Course of Selected Lectures in Neurology, Neuriatry, Psychology, and Psychiatry; Applicable to General and Special Practice. With 177 Illustrations. After the Author's Class-room Methods as a Teacher of Students. Designed for Students and General Practitioners of Medicine and Surgery. By Charles H. Hughes, M.D., President of the Faculty and Professor of Neurology, Psychiatry, and Electrotherapy, Barnes Medical College, etc. St. Louis: Hughes & Co., 1903. Price, $3.00.

Based upon wide clinical experience and upon years of teaching the important branch of medicine to which he has devoted his life, the work before us is an expression of the convictions of Dr. Hughes upon many points of neurology, and is representative of his method of presenting the subject to his classes. He has a suggestive and vigorous style in expounding the principles of one of the most important branches of medicine, and this no doubt accounts largely for his success as an instructor. As the superior development of the nervous system, and especially the upper cerebral centers, is what gives man the ascendancy in the scheme of animated nature, we can agree with the author in his broad conceptions of the sphere of neurology. In all classes of cases the practitioner is bound to take into account the nervous system. Sometimes it is implicated by a disease originating in another part; at others the disease is dependent upon disturbed nervous conditions. These significant facts are strongly urged by the author. As a consequence he has ever in mind the patient as a whole, and not alone his nervous system. In this spirit he lays stress upon the distinction between neural and extraneural or adneural diseases. The latter arise from conditions developed outside the intimate structure of the nervous matter and which compromise its functions. Syphilis and alcoholism are great potentialities in the production of extraneural disease. Examples of this class are constantly brought to the knowledge of the general practitioner. Malaria also gives us many extraneural conditions to consider. The chapters upon ascending and descending degeneration are of much interest.

The explanation of the principles according to which the nervous diseases are developed and are to be studied is well adapted to impress itself upon the reader's mind and to bear useful fruit in practice. A careful study of the work will realize the author's aim and produce an efficient neurologist in the person of the competent general practitioner.

Blood-Pressure in Surgery. An Experimental and Clinical Research. The Cartwright Prize Essay for 1903. By George W. Crile, A.M., M.D., Professor of Clinical Surgery, Western Reserve Medical College, etc. Philadelphia and London: J. B. Lippincott Co., 1903.

Dr. Crile has heretofore distinguished himself by original investigations, and the present volume is a valuable record of experimental work continued along similar lines. These researches were instituted for the purpose of determining what should be the most intelligent and effective method of controlling low blood-pressure in surgical cases. This object appeals to every operator. In endeavoring to solve the problem which he had proposed to himself the author directed his experiments in such a manner as to ascertain definitely to what the fall in the blood-pressure is due. It is evident that the settlement of this question would have a very direct and practical bearing upon the method of treatment of lowered blood-pressure in actual surgical practice.

The author has reproduced all his tracings and notes of each experiment. These were numerous and exemplified the effect of different agents which are commonly used by surgeons for the purpose of restoring the blood-pressure after it has been reduced. A distinction is made between shock and collapse. The former is due to exhaustion of the vasomotor centers. Collapse is caused by a suspension of the function of the cardiac or of the vasomotor mechanism or by hæmorrhage. In the final summary of the results of his studies the author states his conclusion that in shock therapeutic doses of strychnine are inert. Physiological doses are dangerous or fatal. It not fatal increased exhaustion follows. Stimulants of the vasomotor center are contra-indicated. In shock cardiac stimulants have but a limited sphere of possible usefulness and may be injurious. In collapse stimulants may be useful because the centers are not exhausted. Saline infusion in shock has a limited range of usefulness; in collapse it may be effective. Saline infusion in shock raises but cannot sustain the blood-pressure. The clinical value of adrenalin still remains unproved. The author describes a specially devised pneumatic rubber suit which exhibited decided power in augmenting the pressure and which he made practical use of in surgical operations upon human beings.

Atlas of the External Diseases of the Eye. By Prof. Dr. O. Haab, of Zurich. Second Edition. Thoroughly Revised. Edited, with Additions, by G. E. de Schweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania. With 98 Colored Lithographic Illustrations on 48 Plates, and 232 Pages of Text. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Price, $3.00, net.

This work is a member of the series of Saunders's "Medical Hand-Atlases," which are authorized translations into English of Lehmann's "Medicinische Handatlanten," a series well known and highly esteemed in Germany and no less in this country through these translations. All the volumes are prepared by acknowledged masters. The present volume, now appearing in its second edition, will bear comparison with any book of the series. A distinctive and excellent feature about the work is the fidelity with which it represents the class of cases actually seen in office work, the kind which seek treatment often, of necessity, from the general practitioner. To use the apt expression of the American editor, one feels as if in the atmosphere of a large clinic. Many of the commoner and more superficial diseases of the eye are treated by the family physician, and that person should endeavor to familiarize himself with the best methods of examination and treatment. These are to be found in the present work.

A Treatise on Orthopædic Surgery. By Royal Whitman, M.D., Instructor in Orthopædic Surgery in the College of Physicians and Surgeons of Columbia University, New York, etc. Second Edition, Revised and Enlarged. Illustrated with 507 Engravings. Lea Brothers & Co., Philadelphia and New York, 1903.

Dr. Whitman has given us an excellent and serviceable treatise, which from the first has deservedly taken a high rank. It is an admirable presentation and representative of the position occupied to-day by the branch which the author cultivates as a specialty, but which enters largely also into the province of the general practitioner. Cases of deformity are often first seen by the family physician and in an early stage. This is emphatically the moment when their nature and ultimate consequences should be recognized. Modern orthopædic surgery has fully appreciated this fact, and the author of this work expressly states that its most distinctive advance in recent years has been toward the prevention of deformity, an advance that has been made possible by the better understanding of its predisposing and exciting causes.

All the deformities to which the human body is liable are studied in this work in the manner above outlined, in reference to their causes, mode of development, the best methods of preventing progress and obviating the occurrence of deformity, and, finally, the proper means of removing, as far as may be possible, an established deformity. As a consequence of such a course of study modern treatment has become more direct, simple, and effective. The second edition has been revised to date and considerably enlarged. The book can be cordially recommended.

Lea's Series of Medical Epitomes: Wathen's Epitome of Histology. A Manual for Students and Physicians. By John R. Wathen, A.M., M.D., Professor of Surgery, etc.; formerly Professor of Histology and Pathology, Kentucky School of Medicine, Louisville, Ky. 12mo, 220 Pages, 114 Illustrations. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

For a compact primary treatise on the subject this book answers every requirement. It faithfully represents the principal structural features of the tissues and organs of the human body. A book like this may be useful to those preparing for examination, to those who wish to make a brief review of the subject, or parts of the subject, and to many whose scanty leisure will not permit consultation of the voluminous and detailed works on histology. To all such it can be recommended as useful within its appointed limits. As far as it goes it may be trusted. Beyond its limits are the larger works to carry on a course which this book has begun. It is beautifully and effectively illustrated.

A Text-book of Operative Surgery. Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar.M., M.D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York; Late Visiting Surgeon to Charity Hospital, New Orleans, etc. Handsome Octavo of 984 pages, with 559 Illustrations, Entirely Original. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $6.00, net; Sheep or Half-morocco, $7.00, net.

In the preparation of this work the author has justly laid great strees upon an effective grasp of the anatomy of the parts, regions, and organs which are liable to be the field of operative procedures. He ascribes, likewise, a deserved importance to the first step of the operation, the incision, upon the correct principle that a good beginning is an excellent augury of a good ending.

The directions given for conducting the various operations are exceedingly plain and serviceable. Anyone who has conscientiously pursued his undergraduate studies and has realized the value of applied anatomy will find this book an admirable guide and assistant. Step by step, from the first to the last, the reader is led along by the most explicit directions. In as far as tuition by a book can do so, this one is capable of producing an efficient operator. The efficient surgeon is he who conjoins exact anatomical knowledge with manipulative skill and governs all intervention according to the suggestions of sound judgment. In dealing with each group of tissues, or class of operations, or with each organ, the author takes up in order the surgical anatomy of the part, the surface form and landmarks, general surgical considerations relative to the region or organ, and the instruments to be used. After this preliminary the operation itself is described in all its steps, together with directions for preparation of the patient, the position of the patient, surgeon, and assistant, landmarks of the operation, incision for operation, steps of operation, and comments.

From all of which our readers may correctly infer that this work will be helpful to all who have to do with operative surgery. The many excellent illustrations are of material assistance to the text.

The American Illustrated Medical Dictionary. A New and Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, with their Pronunciation, Derivation, and Definition. Including much Collateral Information of an Encyclopædic Character. By W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician to the University of Pennsylvania Hospital, etc. Together with New and Elaborate Tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Diplococci, Micrococci, Streptococci, Ptomaines and Leucomaines, Weights and Measures, Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. Third Edition, Revised and Enlarged. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Price, $4.50, net; with Thumb Index, $5.00, net.

Dr. Dorland has certainly produced a useful work. Compact and of medium size, it is a key to the medical literature of the present day; the definitions are clear and to the point, and it is furthermore furnished with a great deal of miscellaneous information acceptable to the profession. In connection with the definition of the word artery, for instance, there is given a complete table of the arteries, their origin, distribution, and branches, with a series of beautiful plates, the arteries being colored in red; under the title of bacillus we find, in addition to the definition, distinctly engraved and colored plates of the principal bacilli which have been identified and studied. Under the word muscle is furnished a table of the different muscles of the human body, together with illustrations of the minute anatomy of muscular tissue and of the chief muscles. Similarly, under nerves we have a table of nerves with plates showing their distribution. A number of other instructive plates adorn the work, and there are also other tables of interest to the medical man, the nature of which is given on the title page. That the work satisfies a demand is abundantly indicated by the publication of large editions in quick succession.

The American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., Assistant Obstetrician to the Hospital of the University of Pennsylvania. Containing the Pronunciation and Definition of the Principal Words used in Medicine and Kindred Sciences, with 566 Pages and 64 Extensive Tables. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Flexible Leather, with Gold Edges, $1.00; with Thumb Index, $1.25, net.

This is a condensation of the preceding work, in order to bring it within such a limit that it may be carried by the physician on his rounds. The graphic illustrations of the larger book are omitted, but its contents are sufficiently full to furnish definitions of nearly all the words to which a reader might wish to refer. A busy man can do much reading while passing in his carriage from place to place, and this is one of the books likely to be of service. Owing to the phenomenal development of certain branches of medical investigations there are times when the most studious man will find the need of referring to a dictionary. It is absolutely necessary that such works should be kept, by means of successive revisions, up to date. In this respect, as in others, these companion volumes can be recommended.

The Manual Treatment of Diseases of Women. By Gustaf Norström, M.D., of the Faculty of Stockholm. G. E. Stechert: New York, London, 1903. Price, $2.25.

In this pamphlet the author gives an interesting account of his method of treating uterine affections by means of massage, practiced according to a modification of Thure Brandt. In support of his statements and in evidence of his experience the author includes in his book a number of histories of cases which had been under his care, and notes the degree of amendment which was produced. The author, and others who have employed this species of massage in properly selected cases, believe it to be of particular benefit in cases of old exudations and adhesions. This work is deserving of study, for if the method is able to accomplish such results as are claimed for it the fact should be known. The author describes the manner in which his manipulations are practiced, and makes everything as plain as possible.

Gynæcology. A Text-book for Students and a Guide for Practitioners. By William R. Pryor, M.D., Professor of Gynæcology in the New York Polyclinic Medical School, etc. With 163 Illustrations in the Text. New York and London: D. Appleton & Co., Publishers, 1903.

Dr. Pryor has written a very instructive work, one which will undoubtedly be highly appreciated by those who consult its pages. The author has compressed his material into wonderfully moderate limits by the omission of everything which does not strictly concern gynæcology and the exclusion of operations now generally abandoned. The space thus economized he has devoted to those topics which are necessarily discussed in his lectures as the professor of gynæcology. The author has long been an acceptable teacher of his branch and therefore possesses both clinical and classroom experience. As a result of his attainments he has given us a volume replete with sound instruction. The inflammations, the distortions and displacements, the new growths, and other diseases of the sexual apparatus in women are delineated with a meritorious fidelity to nature. The etiology, symptoms, and diagnosis of the various affections are portrayed with skill. The treatment recommended and described is judicious and of promise. The operative procedures are detailed in a second portion of the work. The book is one which may be consulted with profit as the record of the experience of a thoughtful man in a field of so much importance to individual women and to the perpetuation of the human race.

Diseases of the Eye: A Handbook of Ophthalmic Practice for Students and Practitioners. By G. E. de Schweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, etc. With 280 Illustrations and 6 Chromo-lithographic Plates. Fourth Edition, Thoroughly Revised. Philadelphia and London: W. B. Saunders & Co. Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

This is an excellent treatise. On the strength of its merits it has already reached the fourth edition. The work is well planned and well executed. The author has had a large experience both as a clinician and teacher. We bore a willing testimony to the value of the book when it was first given to the world, and every new edition is but a confirmation of our opinion. For the student and practitioner alike it is adapted to be of service. It has been the special object of the author to instruct his readers in the methods of examining eyes, and to describe the symptoms, diagnosis, and treatment of ocular diseases. There can be no question but that he has been successful in achieving his purpose. The volume deals with sufficient fullness with all matters connected with defective vision and all diseases by which the eyes may be attacked. In order to keep pace with the march of progress it has been necessary, in preparing the fourth edition, to make many revisions, alterations, and additions. The text has been reconstructed wherever needful. Special paragraphs appear upon a variety of topics for the first time in the present edition, and many therapeutic agents comparatively recently introduced are noticed in connection with the diseases in which they are indicated. The value of the text is enhanced by the numerous and excellent illustrations; from all which, it follows as a conclusion that the work can be confidently recommended.

The American Text-book of Obstetrics. In Two Volumes. Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickinson, M.D. Second Edition, Thoroughly Revised and Enlarged. Two Handsome Imperial Octavo Volumes of about 600 Pages Each; nearly 600 Text-Illustrations, and 49 Colored and Half-tone Plates. Per Volume: Cloth, $3.50; Sheep or Half-morocco, $4.00, net.

We took great pleasure in commending this work at the date of its first appearance. It is the joint product of many of the most successful teachers of obstetrics in this country. Their several contributions have been skillfully arranged to the end that, without break in the continuity or disturbance in the homogeneity of the work, we should obtain as the final result the outcome of the learning and experience of the authors. It offers the student an exceedingly lucid exposition of every phase of the obstetrical science and art. After a preliminary description of the organs of generation we are given an account of the physiological and pathological aspects of pregnancy, with instructions as regards the diagnosis of that state. In accordance with the immense practical value of a correct diagnosis, this section has been prepared with great care; and he who studies it attentively will seldom be deceived or led into error. The capital subject of labor is thoroughly discussed. The sections upon the physiology of labor and the conduct of normal labor lay a solid foundation upon which to erect an understanding of the mechanism of labor in the various presentations which may be encountered. The timely recognition of these presentations, their correction or their management are presented in such a manner as to impress them effectually upon the memory of the conscientious student. The subject of dystocia is given special prominence in view of its signal importance. The management of the puerperium and the newborn babe are detailed with accuracy and effect. A noteworthy feature of this work consists in the care with which obstetric surgery is treated. This part of the branch of study and practice deserves a decided prominence. The operations which may become necessary during and immediately after an accouchement are considered with a due regard to their importance and necessity. They are often of the nature of emergency operations, and consequently should be within the power of every obstetrician. Upon many of these occasions the attendant is forced to rely upon his own knowledge, judgment, and resources. The practitioner cannot familiarize himself too thoroughly with every point in relation to procedures of such prime and vital urgency.

In preparing the second edition the authors have spared themselves no trouble in revising the original text in order that it should contain all additions of value which had accrued to the department of obstetrics in the last few years. The advances of bacteriology and biology as related to obstetrics, and the greater range of surgery as applied to the complications which may arise, are incorporated in this revised edition.

The illustrations which adorn the pages have been rendered with great fidelity and are of unusual beauty.

CURRENT MEDICAL LITERATURE.

The Mortality Following Operations for Pus in the Pelvis. By Hunter Robb, M.D., Cleveland, Ohio.

The Treatment of Nausea and Vomiting Following Anæsthesia After Abdominal Operations. By Hunter Robb, M.D., Cleveland, Ohio.

Some Cases Treated by the X-ray. By William James Morton, M.D., New York.

Treatment of Cancer by the X-ray, with Remarks on the Use of Radium. By William James Morton, M.D., New York.

Leprosy in the Hawaiian Islands. By Judson Daland, M.D., Philadelphia.

Differences in the Management of Appendicitis and of Salpingitis. By George Erety Shoemaker, M.D., Philadelphia.

The Medical Expert Witness. By G. W. Wagoner, M.D., Johnstown, Pa.

Some Recent Advances in Medical Therapeutics. By Thomas E. Satterthwaite, M.D., New York.

The Antiseptic and Germicidal Properties of Glycerin. M. J. Rosenau. Hygienic Laboratory Bulletin, No. 16.

Inebriety a Disease. By Lewis D. Mason, M.D., Brooklyn, N. Y.

Observations on the Nature and Diagnosis of Acute or Infective Endocarditis. By Aloysius O. J. Kelly, A.M., M.D., Philadelphia.

Phototherapy and Radiotherapy, with Report of Cases. By Russell H. Boggs, M.D., Pittsburgh.

On Multiple Serositis—The Association of Chronic Obliterative Pericarditis with Ascites. By Aloysius O. J. Kelly, A.M., M.D., Philadelphia.

The Practical Uses of Hypnotic Suggestion. By William Lee Howard, M.D., Baltimore.

Patent and Proprietary Medicines as the Cause of the Alcohol and Opium Habit or Other Forms of Narcomania, with Some Suggestions as to How the Evil may be Remedied. By Lewis D. Mason, M.D., Brooklyn, N. Y.

The Monthly Bulletin of the Division of Zoölogy, Pennsylvania State Department of Agriculture. Volume I, No. 7.

National Incorporation for the American Medical Association. Correspondence of the President of the New York State Medical Association with the Board of Trustees of the American Medical Association, and a Draft of a Proposed Special Congressional Charter.

A Table of Ocular Extrinsic Paralyses. By Horace M. Starkey, M.D., Chicago.

Treatment of the Febrile Stage of Gastrointestinal Disorders in Children. By W. C. Hollopeter, A.M., M.D., Philadelphia.

Hypodermoclysis in Pediatric Practice. By W. C. Hollopeter, A.M., M.D., Philadelphia.

Cirrhosis of the Liver as Seen in Children. By W. C. Hollopeter, A.M., M.D., Philadelphia.

Some Unappreciated Causes of Anemia in Childhood. By W. C. Hollopeter, A.M., M.D., Philadelphia.

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The Therapeutical Value of Roentgen Rays in the Treatment of Pseudoleukæmia. By Nicholas Senn, M.D., Ph.D., LL.D., Chicago.

Fangotherapy. By W. C. Hollopeter, A.M., M.D., Philadelphia.

COMMERCIAL NEWS.

◆

SUPPURATING APPENDICITIS OPENING INTO THE BLADDER.

By Dr. Enrique Fortun,
Surgeon of Hospital No. 1, Havana.

Juan G., a Spanish merchant, 37 years old, with evident syphilitic antecedents, began to suffer, about two months ago, acute pains in the right iliac pit, while a tumefaction was observed in that region.

He became an inmate of a clinic of this city, where his case was diagnosed as malignant neoplasm. After remaining about twenty days in said clinic, the patient decided to leave for Spain; in the meantime, he stopped at a hotel here. While there he was taken with violent fever and ague, with a temperature of about 41° C., and the first micturition following this attack showed the presence of a great quantity of pus.

Dr. Parra, who was attending the patient, did me the honor to ask me to assist him. I called on him the night after the evacuation of pus had occurred.

The first symptom to which my attention was called upon examination was the dimension and hardness of the liver, with swellings the massiveness of which continued uninterruptedly in connection with the massiveness of the iliac pit, in which region (the right iliac pit) an accentuated muscular resistance was observed, though that region instead of being swollen presented a depression, at the bottom of which the rim of the hepatic gland could be felt by the hand. The temperature was 38° C., the pulse beat between 80 and 90, and the general condition of the patient was rather satisfactory.

The diagnosis offered no doubt in our opinion: Suppurating appendicitis with evacuation into the bladder (the urine which was shown to us was extremely fœtid and mingled, and contained a large quantity of pus) and syphilitic cirrhosis of the liver.

We advised the patient to consent to be operated upon, which he did. On the following day an incision of about 7 centimeters was made into the middle of the depression observed in the iliac pit. We rapidly reached a perfectly defined cavity, which contained a little pus mixed with mucosities. We washed out the cavity with Hydrozone and plugged it with iodoform gauze. On the following day, when we dressed the wound, upon careful examination of the cavity we did not find any connection with the bladder, but we could extract the appendix which was affected by fæces.

A complete cure was accomplished in a month, and during that time the liver decreased considerably in volume. Since the third day of the operation antisyphilitic treatment was followed.

The communication between the cavity of the abscess and the bladder healed after twelve days of treatment.—Revista Medica Cubana, July, 1903.

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(Continued on Advertising Page 20.)

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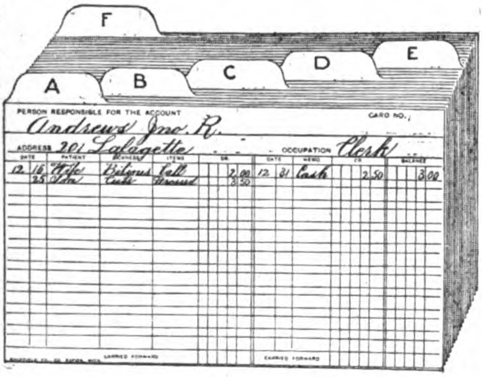

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Clinical Lectures.

MITRAL DISEASE.[1]

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CASE I.

GENTLEMEN: The man before you is 31 years of age. He enjoyed good health until eight years ago, when he was attacked by epidemic influenza, or la grippe as it is popularly called. One year later he suffered from rheumatism and was in bed for two weeks. This illness left him with stiff joints, palpitation of the heart after exertion, dyspnœa, and swollen ankles. About two years ago he was under treatment for heart trouble. Six months ago he experienced an aggravation of all his difficulties. He has never had syphilis. He has not used tobacco for a year. The urine has a specific gravity of 1.023, is of acid reaction, contains neither albumin nor sugar, but has a large proportion of urates and oxalates. No casts are present. The man is plainly anæmic. He has noticed that his symptoms are intensified if he eats much; he feels better when he is fasting.

With this history and in the absence of albumin or casts our attention is immediately directed to the heart. When I examine the patient's chest I find that the apex-beat is displaced to the left and is diffuse. By palpation I satisfy myself that the heart is enormously enlarged. Epigastric pulsation is evident, although when he entered the hospital it was much more apparent and distinct than it is to-day.

Auscultation reveals a sad condition of affairs. In the first place, the rhythm is entirely lost; the contractions are exceedingly irregular both as regards time and force. Two murmurs are heard in connection with the mitral valve. One occurs just before the systole, and is therefore termed presystolic. This sound is rough, is heard over the apex of the heart, and is not transmitted. It signifies that the curtains of the mitral valve are thickened or adherent to each other, or both, so that they cannot yield fully to the onrush of the blood-stream, which, consequently, is impeded or obstructed in its passage. Therefore the lesion is naturally called mitral obstruction; we also term it mitral stenosis, from a Greek word meaning contraction; the stiffness of the valvular curtains transforms the mitral orifice into a sort of funnel.

In addition, however, to this presystolic murmur a second adventitious noise is heard accompanying the first sound of the heart, and this is known as a systolic murmur. This latter sound, unlike the first, can be heard not only at the apex, but also far out upon the left side of chest, and is sometimes perceptible even at the back, near the inferior angle of the left scapula. This is the murmur of mitral insufficiency or mitral regurgitation. It signifies that the mitral valve of this man's heart is doubly incompetent. Not only does it impede the forward rush of the blood from the left ventricle into the aorta, but it also is so rigid that it fails to close the chamber completely, and hence with the diastole the backward eddy is not prevented from entering the ventricle.

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[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

In other words, there is regurgitation. This is what we learn from the study of the double mitral murmur.

We have next to ask ourselves: what effect upon the heart itself does this continuous interference with its functions produce? This question causes us to reflect upon the consequences of an impeded circulation. The first brunt of the disturbance usually falls upon the left auricle. That cavity is kept constantly overfilled. It cannot deliver into the ventricle the accumulated blood in a normal, regular, and prompt manner. The result is hypertrophy of its muscular wall.

Still a third murmur exists in this instructive case. In addition to the systolic murmur at the apex, significant of mitral regurgitation, I can recognize one situated farther to the right near the ensiform cartilage: *i.e.,* at the lower border of the right heart. This is suggestive of a more advanced stage in this disastrous progress. The habitual distension of the left ventricle embarrasses, impedes, and delays the pulmonary circuit. Blood accumulates in the lungs, just as it had previously accumulated in the auricle. The lungs are kept in a state of chronic congestion, and hence the dyspnœa of which this man complains.

In the vicious circle of disease which we are tracing the obstruction to the passage of the blood through the lungs eventually reacts upon the right ventricle. This part of the heart feels the burden of increased work. Like the left cavities, it takes on hypertrophy. This progressive enlargement of the cardiac walls, this hypertrophy, or overgrowth, of the muscular substance, is known as compensation. Increased muscularity compensates for the increase of work dependent upon crippled valves. An augmented burden has been laid upon the heart, and it is strengthened to meet the emergency. I alluded to the excessive size of this man's heart. It is typically representative of the changes which take place during the progress of valvular disease.

Hypertrophy causes compensation, and compensation is conservative. Eventually, however, there comes a limit. Muscular tissue is no longer able to meet the demands made upon it, and the hypertrophy gives way to dilatation. The energy of the walls decreases. The impediments ahead remain the same, but the contractile vigor behind is lessened, and, when dilatation predominates over hypertrophy, the last stage has been reached. The general circulation fails and dropsical effusions occur. In the present case we have dilatation superadded to hypertrophy. This is the meaning of the tricuspid murmur. The weakened right ventricle is unable to close perfectly the tricuspid orifice, and regurgitation is permitted.

I have thus pointed out briefly for you the morbid sequence of events produced by lesions of valvular orifices. Let us next bestow some consideration upon the subjective symptoms which they occasion. Prior to the development of examination by means of the physical signs the symptoms were all the dependence physicians had in their study of these cases. In our time we are more fortunate in being able to make an accurate diagnosis upon a basis of the signs which, furthermore, interpret the symptoms, enable us to follow intelligently the progress of the case, and afford us the clue to rational treatment.

The first symptoms experienced by the patient are usually due to the hypertrophy of the heart. The severe distress of the latter stages are dependent upon dilatation. Dyspnœa upon exertion is one of the earliest manifestations. The difficulty increases *pari passu* with the pulmonary obstruction and engorgement. Cough is produced by the same cause. Small hæmorrhages from the lungs may occur. Headache and insomnia are not infrequent. Pain referred to the heart is not generally a prominent symptom. Curiously enough, these victims of organic disease suffer less anxiety and fear of sudden death than those whose disease is merely functional. Sleeplessness is aggravated by the dyspnœa.

When dilatation supervenes, dropsy ensues, generally occurring first in the ankles and legs. Cyanosis is also observed. There may be vertigo and syncope. Subsequently dropsical effusions may be poured out into serous cavities. Dilatation of the right heart causes turgescence and pulsation of the veins of the neck. The stomach, liver, and kidneys, become congested; appetite and digestion fail and some albumin may appear in the urine. Pulmonary congestion, with perhaps œdema, eventually occasions agonizing orthopnœa, in which the patient can obtain air only by being propped up in bed, often actually bending forward, and bringing into action every respiratory muscle.

The diagnosis of valvular disease depends entirely upon the study of the physical signs. You must familiarize yourselves first with the normal sounds of the heart and their significance, after which you will be in a position to take up the study of the murmurs. By assiduously cultivating this important art we are enabled to recognize the valve or valves diseased and the nature of the lesion.

The chief cause of valvular disease is the endocarditis which accompanies acute articular rheumatism. In later life calcareous or atheromatous deposits may impair the integrity of the valves. A certain number of cases may be due to syphilis.

The treatment of heart disease depends largely upon the stage of the malady. In the earlier part of a case, before much hypertrophy has occurred, the embarrassment is so trivial that the patient may not think of consulting a physician. Not infrequently, in examining the chest I have detected the existence of unsuspected murmurs. If we thus, by chance or otherwise, learn that an organic murmur is present the wisest plan is to give general directions as regards the habits and mode of life. Moderation should be the rule of life. As long as the action of the heart is calm and steady little strain is placed upon the disabled valves, and the circulation is maintained without difficulty. Excessive physical exertion, violent emotion, and alcoholic stimulation, however, have an injurious effect. Nevertheless, moderate exercise need not be discouraged. It is not always advisable to inform the patient, at this stage, that anything is "wrong with the heart." Our advice may be based upon the general condition of the patient and be adapted to secure the best possible hygienic care.

We are most often consulted after some degree of hypertrophy has occurred and the patients have become conscious of various symptoms. We must endeavor to relieve those symptoms, certainly, but the leading thought in our minds must be: let nothing be attempted which may diminish the strength and tone of the heart. Exercise should be curtailed, but not prohibited. Measures should be taken to improve the appetite and digestion, if these are impaired. The diet should be nutritious. Dyspnœa is best relieved by the use of an ethereal preparation—as spiritus ætheris compositus—or spiritus ammoniæ aromaticus, together with counterirritation to the precordial region, as, for instance, by a mustard plaster. If, as in some cases, there is pain over the heart, the application of a belladonna plaster often affords decided relief. If the action of the heart is tumultuous and irregular, its action may be moderated and regulated by the administration of caffeine, belladonna, hyoscyamus, or hydrocyanic acid. Congestion of the lungs is diminished by the occasional use of dry cups. These, with belladonna and hydrocyanic acid, will also palliate the cough. If strong pulsations cause an annoying sense of throbbing in the chest, headache, or insomnia, the overactivity may be held in check by moderate doses of tincture of aconite.

When dilatation begins to predominate

over hypertrophy, our efforts should still be directed toward maintaining the nutrition of the cardiac muscular tissue. Although physical exercise must be restricted, it should not be entirely abandoned until extensive dropsy or general debility should keep the patient confined to bed.

Œdema is combated by the use of diuretics and hydragogic cathartics. The former are apt to be of more value in cardiac than in renal disease. When the kidneys are damaged their secreting and eliminating cells respond less actively to the stimulus of diuretics. Digitalis, caffeine, and the vegetable combinations of potassium are reliable diuretics. Serviceable cathartics in this condition are elaterium, or preferably elaterin, the compound jalap powder, and the saline cathartics. If the limbs are greatly distended by the effusion the application of a roller bandage will often afford a sense of relief. If the swelling is excessive, minute punctures will allow large quantities of serum to drain away and thus deplete the vessels and tissues. Throughout the progress of a case of valvular disease we often find anæmia present. This fact suggests the administration of iron with arsenic. Strychnine and digitalis may be added to this combination with advantage on many occasions. As the dropsy is indicative of a late stage and serious interference with the mechanism of the circulation it generally soon returns, although in some instances it remains absent for a considerable period.

If carefully managed, cases of organic heart disease may survive for many years. As I have stated, much depends upon a temperate and hygienic course of life.

In regard to the particular case which you have just seen, there is not much ground for hope. During the short time he has been with us the man has certainly improved to some extent. This amelioration is ascribed to the effect of rest in bed, milk diet, and the medicine which has been given. Men like this come into the hospitals, receive and benefit from a systematic plan of treatment, feel encouraged, leave and go home, then soon get worse, and perhaps die suddenly. The strictly medical treatment which the patient received was:—

℞ Extracti digitalis, gr. $^1/_4$.
Nitroglycerini, gr. $^1/_{100}$.
Sparteinæ sulphatis, gr. $^1/_6$.
Strychninæ sulphatis, gr. $^1/_{40}$.
Pepsini, gr. ij.

M. et ft. capsula no. j.

Sig.: One such capsule to be taken four times a day.

Under this medication the condition of the tricuspid valve improved and the digitalis was omitted. It is not advisable to continue these vascular stimulants too long at a time. Digitalis lessens the rapidity of the heart's action, steadies its beats, and by lengthening the periods of rest it assists the overworked organ to accomplish its task. It also maintains as long as possible the nutrition of the muscular fibers of the heart. Under the influence of digitalis the left auricle has a longer time in which to empty itself, and is, therefore, useful in such conditions as are presented by the patient of this morning. By its action on the heart and blood-vessels digitalis relieves the pulmonary engorgement and the dyspnœa which is the consequence. Nitroglycerin is an adjuvant to the digitalis in reducing breathlessness. Strychnine is likewise a valuable vascular stimulant.

A prescription such as the above should not be too long continued. When persevered in for a considerable period the ingredients, and especially digitalis, lose their effect and exhibit the disadvantages which every powerful drug possesses in some respects. Digitalis, for instance, is liable to accumulate within the system. You must carefully watch your cases and the action of your remedies. When signs of failure or of untoward influence supervene suspend your remedies or change the form of your prescription. In the case of this man I shall after a time substitute strophanthus for digitalis. Strophanthus is an excellent vascular stimulant. It also, like digitalis, retards the action of the heart. It has an important advantage over digitalis in that it does not disturb the gastro-intestinal mucous membrane, and, in fact, given in small doses, may even increase the appetite and improve the digestive function. When this patient leaves the hospital I shall order for him, instead of the combination which he is now taking, the tincture of strophanthus, beginning with 5-minim doses, thrice daily, increasing to 10 minims. Again, in regard to strophanthus, you must remember that, if administered too long or in too large amounts, it is capable of producing an injurious effect upon the kidneys. For that reason it would be well to discontinue the use of strophanthus in due season and replace it by another remedy, such, for example, as caffeine, which invigorates the action of the heart.

CASE II.

By an instructive coincidence I am able to show you a similar case, but one in a much earlier stage. This little girl, 10 years of age, has the signs of mitral stenosis and insufficiency. The disease originated from an attack of rheumatism. There is the same double mitral murmur that was heard in the first case. It is not necessary, and time does not allow, to recapitulate what has been said regarding the murmurs, the lesions, and the course of the affection. There is in this case a certain amount of hypertrophy, much less, of course, than in the man, and an absence of dilatation. Neither is there any deficiency at the tricuspid orifice.

The lesions are as yet compensated and the child does not experience much trouble. There is some shortness of breath, especially when she runs about and after a hearty meal. The child volunteers the statement that she feels better when she has not eaten much food.

In a case like this, little, if any, medicinal treatment is required. The general health must be maintained by a hygienic mode of life upon the lines which I have already indicated. She should be reared carefully, physical or emotional strain avoided, should have her diet regulated, and should take moderate exercise. Heart-tonics at this stage would be injurious.

A PÆDIATRIC CLINIC AT THE PHILADELPHIA HOSPITAL.

BY W. C. HOLLOPETER, A.M., M.D.,

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PHILADELPHIA.

GENTLEMEN: The first case we bring before you this morning is:—

CASE I. THE NUTRITION OF THE NEW-BORN. STROPHULUS IN THE YOUNG. TOILET OF THE SKIN IN THE YOUNG.

Rosa T., white, aged 11 days. The child's mother is in detention with puerperal mania. The nutrition of this child is good, head fairly well shaped, forehead low, hair long, fine, and thin, fontanelle open and slightly depressed. Skin on part of the face, throat, and abdomen shows a slight macular eruption. Left pupil slightly larger than right; both pupils react well to light. Ear, nose, and throat normal. Lymph-glands not palpable. Chest well formed. Heart and lungs normal. Abdomen slightly prominent. Liver extends 4 centimeters below the costal margin in midaxillary line. Extremities normal, but bluish and cool. The stools are of mustard color and semisolid in consistency and have occasional curds and greenish masses. Napkins are occasionally stained with urine. The point of interest in this case is the fact that the child bears no special marks of inherited disease, but, being deprived of its maternal nourishment, the question of nutrition is the one that first presents itself.

At my first visit (November 26th) this child's temperature was 98; pulse, 140; respiration, 30; and weight, 7 pounds 8 ounces. On November 28th the temperature rose to 99 and the pulse and respirations became more rapid. On November 29th the temperature reached 101. We ordered a high enema and the temperature dropped to 99 and finally to 97, and the following day reached normal and has remained there up to the present time. The child has lost 2 ounces in six days, and this loss, while discouraging, is not to be interpreted as a very serious matter, inasmuch as there is a physiological loss in the first week of from 4 to 6 ounces, and this child, under the circumstances, has probably continued this physiological process, but from now on we expect to record a gradual increase. The child has been fed, since the second day of its birth, on a prescription made by the resident, of the following formula:—

Proteids	0.75
Fat	2.25
Sugar	6.00

This, you will notice, is a very close approach to maternal milk.

The rash that you notice is macular in character, on the neck, chest, and back, and is probably an intestinal intoxication due to the food, which, though carefully prepared and closely resembling maternal milk, is yet probably deficient in every detail to that which the young child requires at this period of its existence. These rashes are of very common occurrence, even in children receiving careful attention and strict maternal nursing. A rash of this kind partakes of an inflammatory character, due largely to external irritants at an early age when the skin is ill prepared to stand the friction and the use of strong alkalies such as we find in cheap soaps. This is probably associated with neglect to cleanse the child of the soap itself.

Our treatment here will consist in instruction to the nurse to withdraw the use of soap in its bath, and substitute borax, 1 drachm to a gallon of water, followed by the free use of starch with a small quantity of boric acid, as a dusting powder. The condition of the stools can be corrected by a slight modification in the food. Inasmuch as the movements are a trifle curded, with masses of green, we will hold the proteids as they stand (0.75), increase the fats to 3.0, and hold the sugar as it is, and then with special attention given to the management of the bottle, seeing that the child is fed regularly every two hours from 6 in the morning to 10 at night, and that the quantity, 1 to 2 ounces, be administered very slowly, from a nipple that requires a considerable effort to extract the milk, we will anticipate, by this routine, a disappearance of the cutaneous rash, as well as a disappearance of the curds from the stools.

CASE II. DYSPEPTIC DIARRHŒA IN THE NEWBORN.

The second case we show you is Frances S., aged 2 weeks and 4 days. Inspection shows forehead low, hair thin and downy, skin smooth and free from eruptions. Postcervical, inguinal, and axillary glands are palpable. Fontanelle widely open, neither depressed nor bulging. Pupils equal and react promptly to light. Ears, nose, and throat normal. Chest well formed. No beading of ribs; heart and lungs normal. Abdomen prominent. Liver palpable two finger-breadths below costal margin. Sleeps normally, cries very little, and takes nourishment well. Weight on admission, 6 pounds 4 ounces; temperature, 96° F.; respiration, 56; pulse, 148. Shortly after admission the temperature rose to normal and has remained practically the same ever since (from November 24th to December 2d). The pulse has varied between 130 and 120 and the respirations have continued from 32 to 40.

The child, on admission, was given a low enema and placed upon the following food:—

Proteids	0.5
Fats	3.0
Sugar	6.0

On this food the child seemed to be doing fairly well, but it was discovered that the child had from four to seven bowel movements every day and that they contained curds. To overcome this we instructed the nurse to give a bowel irrigation of 1 drachm of bicarbonate of soda to 1 quart of water, at a temperature of 105° F. This relieves the tenesmus and at the same time neutralizes the acid fermentation in the lower bowel. If the child does well on this, we will gradually increase the various constituents to meet the demands. If the diarrhœa continues, however, it will be incumbent upon us to lessen the percentage of fats or increase largely the proteids. This will be done before the administration of any astringents. Diarrhœas in young children can largely be controlled by the proper adjustment of the food and the manner in which it is exhibited. Upon the food which we have administered, the child has increased from $^{1}/_{2}$ to 1 ounce daily.

CASE III. TONSILLITIS.

Fanny S., 7 years of age. Patient is a well-nourished child. Admitted complaining of sore throat. General constitution is good, head well shaped, hair fine and black, fontanelles closed. Skin smooth and free from eruption. Pupils equal and react to light. Ears, nose, throat, heart, lungs, and extremities normal. Postcervical and inguinal glands palpable. No beading of the ribs. Liver not palpable.

On examination of the throat the tonsils were found swollen and red, and patches of exudate were scattered over both tonsils. The exudate was removed and a silver nitrate solution, 5 per cent., applied. In addition to this 1 grain of calomel with sodium phosphate was exhibited in broken doses, and solid food was interdicted. After the first application of silver nitrate the child was given the following:—

℞ Acidi hydrochlorici diluti, ʒij.
Potassii chloratis, ʒiss.
Elixiris lactopeptinæ, ℥iss.
Glycerini, q. s. ad ℥iij.

M. Sig.: ʒj in ℥ss water every two hours.

Under this treatment the child made a rapid and uneventful recovery. Follicular tonsillitis in children is frequently associated with overindulgence in heavy food, associated with exposure, where fermentation takes place in the intestinal tube, resulting in intoxication, with either rheumatic or tonsillar expression.

CASE IV. TONSILLITIS AND APPENDICITIS — THEIR ASSOCIATION. TYPHOID SYMPTOMS. DIFFERENTIATING FROM TUBERCULAR PERITONITIS.

Stella J., 11 years of age, was admitted on November 26th suffering with tonsillitis, abdominal pain, and slight vomiting. Father, mother, two sisters, and one brother living and well. Two sisters died, unknown cause. Child has had diphtheria and measles. Present trouble began two weeks ago with pain in abdomen and slight vomiting. Throat symptoms have been present for two months, associated with tonsillar enlargement and pain. There is additional involvement of the cervical glands immediately under the ear: a large, round mass occupying very closely the region of the parotid gland of the left side. This does not seem to be especially painful, and has not increased or decreased for the last two months. The tonsillar affection has been acute and very painful for the last two weeks. There is also marked abdominal tenderness, most noticeable in the left iliac fossa. Physical signs of chest negative. The tonsils are slightly enlarged, very much inflamed, and on the left tonsil are a few patches of exudate at the mouths of the follicles. The postcervical, inguinal, axillary, and epitrochlear glands are palpable on both sides.

NOVEMBER 28TH.—The abdomen was greatly distended and very tender, the tenderness being universal and extending from ensiform to pubes and into both lumbar regions. Coughing or other unusual exertion caused pain. The point of greatest tenderness is in the right iliac fossa. There is less pain when the right thigh is flexed.

Very deep inspiration causes slight pain. Solid food causes vomiting.

November 29th.—Condition continues practically unchanged. Pain greatest now in right iliac fossa between umbilicus and anterior superior spinous process. Widal reaction negative. Leucocytosis, 20,000, increase being principally in the polymorphonuclear leucocytes.

The temperature, pulse, and respiration were about as follows: On admission the temperature was 99 $^2/_5$° F. The following day it reached 104° and fell within twenty-four hours to normal, remaining there for two days, when it gradually rose to 102° F., and from the 27th until the present date, December 2d, it has hovered between 101° and 102° F. The pulse has been 120 to 124 and has remained practically the same. On admission the respirations were 48 and have remained between 30 and 50 ever since.

From the history of this case we might make out a case that closely resembled typhoid fever, appendicitis, intestinal tuberculosis, or general peritonitis due to recurring appendiceal inflammation or perityphlitis. As a matter of exclusion, it cannot be tubercular peritonitis, because, while the stools are frequent, they are not offensive, and, also, the excursions of temperature are not sufficient to indicate a tubercular peritonitis. Again, the absence of tuberculosis of the lungs would make it highly improbable that this were tubercular peritonitis. The child's generally well-nourished condition and the absence of cough and tubercular involvement of any of the joints, as well as the absence of any physical signs indicative of tubercular change in the lungs, would render the diagnosis very doubtful.

Typhoid fever in the child will ofttimes start in with gastro-intestinal symptoms, such as vomiting, diarrhœa, and abdominal pain; but this child does not bear the physiognomy of enteric fever, and, while we very frequently have typhoid fever in children with distended abdomen, yet the involvement of Peyer's patches in children is never so extensive, nor are the abdominal symptoms so extensive as in the adult. The absence of the Widal reaction also makes it extremely improbable. The Widal reaction, while a very satisfactory test, is not conclusive until a week or ten days after the onset of the attack.

The probable condition of the child is one of involvement around the head of the colon, possibly a type of catarrhal appendicitis. From the fact that the appendix, which may be regarded as the abdominal tonsil, is rich in lymphoid tissue, and a streptococcic infection can be easily transmitted to the poisoned intestinal tube, as evidenced by the foul, heavily coated tongue. The probabilities are that we are confronted in this case with an infective appendicitis, probably caused by the bacillus coli communis or some other of the pyogenic organisms. This child's tonsils have been treated as in the previous case, and the nausea, vomiting, and purging have been controlled by absolute quietude. The inflammatory condition in the abdomen has been controlled by means of the icebag. If the symptoms do not subside within twenty-four hours, surgical treatment will be indicated. Cases as extensive as this seem to point to a general peritoneal involvement, where surgical interference in the height of the attack would be less desirable than after the subsidence of the trouble.

TUBERCULOUS DISEASE OF THE KNEE-JOINT.[1]

By J. P. Mann, M.D., M.S.,

Clinical Professor of Orthopædic Surgery in the Medico-Chirurgical College and Orthopædist to the Philadelphia Hospital.

Gentlemen: In the didactic lectures you became familiar with the principles governing the treatment of tuberculous disease of the knee-joint. The patients to be presented this morning will afford you an excellent opportunity of witnessing both the practical application and the results of the application of these principles in tuberculous knee-joints.

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[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

Here are two girls, one 14 and the other 16 years of age, whose knee-joints illustrate the early, or incipient, stage of the affection.

Usually, as in these two patients, there is a history of traumatism, after which there remains a more or less chronically inflamed joint. The patients' limp you have observed, and now with their knees exposed you can see the enlargement of the joints and the characteristic diminution in the size of the legs above and below the diseased area.

Pain increased by motion, muscular rigidity, and slight flexion are present. The temperature in both patients is about 100° F. There is no abscess in either joint; the enlargement is the result of inflammatory thickening of the bony and soft tissues. There is also well-marked constitutional impairment in both girls. They have lost weight, are anæmic, and their countenances express the suffering through which they have passed.

Let us now outline the treatment of these patients.

Unless flexion of the joint is prevented or corrected, more or less complete backward dislocation of the tibia will occur. Both of these limbs will be fixed in plaster casts and moderate extension will be maintained during their application and until the plaster has set. In a week we will remove the plaster casts and very likely the limbs, which were slightly flexed, will admit of full extension. At times it will be necessary to apply, at weekly intervals, several plaster casts before the flexion of the joint is overcome. A high-soled shoe will be worn on the sound side and with crutches the patients will be enabled to go out into the air and sunlight. A substantial diet and adequate rest are very necessary adjuncts to a cure in this affection. Codliver-oil and the syrup of the iodide of iron will benefit many of these patients and we will order a tablespoonful of the former and 20 drops of the latter remedy to be given to each one three times daily after meals. We should never neglect to give such remedies as will assist in bettering the general condition of the subjects of tubercular arthritis.

Were there more pain and greater deformity, rest in bed with traction and plaster casts would be advised and maintained until these symptoms should subside and then the high shoe and crutches would be used. A majority of these tuberculous joints will be either cured or greatly benefited by the plan of treatment which has just been outlined. Cure here means the arrest of the diseased process.

The next patient, a boy 9 years old, exhibits a more advanced stage of the disease, which may supervene through unavoidable failure of the incipient plan of treatment or because the patient receives either improper or no treatment. In this lad's joint there is great muscular rigidity, much pain and soreness, marked enlargement and flexion, with partial backward dislocation of the tibia. Above and below the joint the limb is wasted, and is thus made spindle-like in appearance. The enlargement is due to the inflammatory thickening of the joint structures. There is no abscess. The temperature is 101° F. Suffering and loss of rest have left their mark on this boy; he is thin and pallid, and has an anxious expression of countenance.

We will now anæsthetize this patient and endeavor without violence to overcome the joint flexion and dislocation. You see that, having properly placed the body and limb, it is gradually brought to an almost normal position. We will now apply a plaster cast, covering the limb from the toes almost to the junction of the legs, and direct that he be kept in bed, where the further course of the disease can be better watched. If the pain and elevation of temperature subside, a steel brace, to maintain the corrected position of the limb, together with a high shoe on the sound side and crutches, will enable the patient to go about. Constitutional treatment will be instituted at once.

If the disease progresses until the tissues are destroyed and an abscess forms, we must, under strict antiseptic precautions, open the joint, curette away the offending material, and then thoroughly irrigate with a 1 to 1000 strength solution of bichloride of mercury.

With the after-treatment of tuberculous abscess of the knee-joint you are already conversant.

In dealing with children it may be necessary to repeat the curettement several times in order either to bring about a cure or to postpone excision of the joint until the child's age warrants it. You will recollect that about one-seventh of the bodily growth in length is due to the activity of the epiphyseal centers of the knee-joint; hence we do not excise in children suffering from tuberculous knee-joints until the limb has attained its normal length. Were we to excise earlier, the result would be a leg so short as to be practically useless.

Suppose the diseased process has been eradicated and that there remains great flexion and backward dislocation of the tibia, with or without bony ankylosis of the joint, what can be done in order to correct the deformity and to secure a useful limb? Bony ankylosis being absent, with the patient anæsthetized, the deformity can in many instances be sufficiently corrected by one or more applications of manual force. After each correction the limb should be incased in plaster for ten days or two weeks. We should never apply violent force; firm, gradual pressure will be far less likely to lead to subsequent inflammatory conditions. After a period of from four to ten weeks a steel brace will support the limb and enable the patient to walk. At times crutches are needed after this operation.

Where there is deformity with bony ankylosis we resort to the removal of a wedge-shaped piece of the united bones or to excision of the joint, and they are practically the same operation. Such an operation will be done before you at the clinic of February 18th, at which time we will explain the method of operating and also outline the after-treatment.

Here are two patients, whose knee-joints I removed, the one seven and the other two years ago. Both have perfectly sound and very useful limbs; there is not more than an inch and a half of shortening in either leg. They walk, you see, with an almost imperceptible limp. The difference in the lengths of their legs is adjusted by a slight increase in the thickness of their shoe-soles.

Both patients wore braces for a year subsequent to the operations, and for some weeks after getting out of bed crutches were used. For some months following excision of the knee-joint there is a tendency to outward rotation of the foreleg; the brace will prevent this and also give support to the member.

Original Communication.

THE THERAPEUTICS OF GLYCOGEN.[1]

By J. de Nittis, M.D.,
Paris.

The rôle of glycogen in the economy has been ill understood in its relation to the maintenance of health, and I trust my studies in this direction may interest my *confrères* and prompt others to make further investigations.

Observers have remarked that glycogen ceases to be secreted whenever the normal conditions of health are impaired, and, before speaking of the therapeutics of glycogen, it should be borne in mind that not only my own work, but that of all authorities, has established that:—

1. Glycogen is most abundant in young and robust subjects, and the quantity present is in itself a comparative indication of vitality.
2. In old people and invalids the quantity present in proportion to the body-weight is reduced.

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[1] Translated for The Medical Bulletin by F. S. Mason.

3. In the struggle against microbic invasion the resistance is directly proportional to the glycogen of the organism.

4. Glycogen is distinctly a cardiac stimulant.

5. It assists the very rapid healing of wounds.

6. Glycogen is an antitoxin, as experiments have shown very clearly in cases of poisoning with nicotine and atropine (Tessier, Société de Biologie de Paris).

From my own observations and those of my *confrères* I am inclined to believe that this property of glycogen is, in some obscure way, connected with stimulation of the phagocytes of the blood. In a paper read by me before the Paris Société de Biologie, March 15, 1902, I was able to foreshadow much of what has since been proved by clinical tests, and which, thanks to the courtesy of my colleagues in a number of the Paris hospitals and clinics, has fully confirmed my own observations.

Glycogen is found in the liver, and traces can be detected in the nuclei of the white corpuscles. As glycogen is excreted from the liver, however, it is transformed into glucose, so that it is not found in any other parts of the organism as glycogen; and, as the liver elaborates (in health) enormous quantities of glycogen daily, some astonishment has been expressed that the small doses used by me (when administered by the mouth or hypodermically) have any appreciable effect.

I found that, while glycogen was equally efficient when given by the mouth or hypodermically in diseases where the temperature did not rise over 39° C. (102° F.), in cases where the temperature exceeded 39° C. the injections were preferable.

I have used glycogen with invariable success in chronic intoxication from nicotinism, morphinism, and in infectious diseases, such as typhoid, scarlatina, furunculosis, diphtheria, etc.; but the few cases reported in this paper are selected from the clinical notes of my *confrères,* thus independently confirming my results.

In infectious diseases such as typhoid I have found it to be:—

A gradual heart-tonic, obviating the use of strychnine and cardiac stimulants.

When used hypodermically, it prevents hæmorrhages, perforation, and peritonitis, and the temperature, once reduced, does not, as a rule, rise, but remains close to the normal.

Convalescence is more rapid and reinfection does not take place. When used in time, it will abort or shorten the duration of the disease, and convalescence will be uninterrupted by relapse.

It is a very remarkable fact that in tuberculous patients the bacilli are diminished in the sputum and soon disappear altogether, which can best be explained by the phagocytic properties for which glycogen is so remarkable.

The study of this remarkable agent is still in its infancy, but we have enough data to go upon to warrant its use, especially as it is a perfectly safe remedy and is easily administered in capsules by the mouth, or hypodermically, from specially prepared sterilized ampulas.[1]

Glycogen is easily affected by all ferments and especially by the buccal secretions; hence it cannot be taken in solution. In the stomach it is converted more slowly into glucose, but in the intestine it is acted on but little; so that its action is not appreciably affected by the intestinal ferments and secretions. It is best exhibited (by the mouth) in capsules of 5 centigrams (1 grain), and should be given on an empty stomach one or two hours after eating, when the digestive ferments have expended their energy.

I claim no directly curative properties for glycogen, but a trial will prove that it really stimulates the natural process of elimination of self-limited diseases.

The few cases appended will serve as a guide in selecting cases for experiment:—

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[1] A hermetically sealed tube with a capillary extremity.

TYPHOID FEVER.

Mr. W., aged 19. Serious case of typhoid. After the twenty-first day the temperature reached each evening 39.5° C. (103° F.). Hypodermic injections of glycogen were made daily (7 centigrams); on the fourth day the fever was reduced to the normal. Convalescence was without accident, very rapid, and easy.

INFECTIOUS INFLUENZA WITH ALARMING COMPLICATIONS.

Madame D., aged 42. Attacked with infectious influenza, extending to the pleura and pericardium; condition alarming. During four weeks the fever returned in spite of antipyretics. An amelioration commenced, however, as soon as glycogen was associated with the general treatment, and the convalescence was very rapid.

TUBERCULOSIS.

Madame D., aged 20. Examination showed pronounced râles without crepitation, humid at both apices; the sputum contained bacilli; the vocal cords were congested. Weight, 50 kilograms (December 1, 1902). Glycogen in capsules (5 centigrams) was administered daily between meals.

By January 1st the weight had increased to 54 kilograms and the strength had much improved.

The patient did not think it necessary to return to the clinic until the 15th of February, when she had lost the weight gained and had a temperature of 38° C. (100.4° F.) in the evening and expectoration was painful in the morning.

The treatment was resumed for a series of three weeks with a week's interval of rest each month until July, when the patient was carefully examined and again in August, 1903. The temperature since April had not reached 38° C.; by this time the weight had risen to 60 kilograms and the bacilli had completely disappeared from the sputum. The cure appears to be complete.

FURUNCULOSIS.

D., aged 17. On March 15, 1903, he presented himself at the clinic with a furuncle over the coccyx. On the 20th a second one appeared on the thigh. Yeast administered internally did not prevent nine new furuncles from appearing between that time and the 25th of April. This young man was then subjected to 5 centigrams of glycogen in hypodermic injection daily. Each injection was made near to the last furuncle which had appeared. This was continued for fifteen days and the last furuncle which showed itself was aborted and since then no new ones have developed.

GRAVE CASE OF TUBERCULOSIS.

M., aged 17, Levallois Perret. October 1, 1902, examination showed cavity under the right clavicle. Weight, 47 $^1/_{10}$ kilograms. Extremely weak and the sputum contained such quantities of bacilli that his condition seems to be hopeless. The rectal temperature in the evening was from 38° to 39° C. (100.4° to 103° F.). The mean of twelve temperatures taken during October was 38.6° C.

By the end of October, under the influence of repose and regular alimentary regimen, he ceased to lose weight except for periods of a few days, with increase again afterward; so that on the 1st of November he still weighed 47 kilograms. At this period the glycogen treatment was commenced. Each day he took 2 capsules an hour before the midday meal. From the first there was a startling increase in the appetite; on the 15th of November patient weighed 48 $^3/_{10}$ kilograms; December 1st, 50 $^1/_{10}$ kilograms; January 1st, 52 $^4/_{10}$ kilograms. From the 1st of December the temperature did not rise to 39° C. (103° F.), the mean temperature by the rectum being 38.2° C. From the 1st of January to 17th of March the weight rose to 56 kilograms, the strength was satisfactory, the rectal temperature did not rise to 38° C. (100.4° F.), and the bacilli had almost entirely disappeared from the sputum. At this moment the young man was so much better that he went to the country, where he continues to improve (September, 1903).

Abstracts.

Purpura Hæmorrhagica and Cerebro-spinal Meningitis.

At a meeting of the Society of Pædiatrics MM. Rist and Paris reported the case of a boy, 11 years of age, who entered during the service of M. Guinon on account of purpura hæmorrhagica and died at the end of 84 days with the symptoms of cerebro-spinal meningitis, after a succession of morbid phenomena singular in themselves and difficult of interpretation. In the beginning and for the first 24 days there was typical purpura hæmorrhagica with gastro-intestinal disorder. During the following 15 days the symptoms amended and convalescence began. Then hæmaturia occurred for 26 days. After the hæmaturia ceased there was a sudden onset of rather high fever of a remittent type, and during 15 days oliguria with albuminuria. Finally meningeal symptoms manifested themselves, and after a duration of 48 hours death from coma supervened.

At the autopsy purulent cerebro-spinal meningitis was found. In the liver were some whitish, infectious nodules. There were large, white kidneys with microscopical abscesses in the cortices, with the presence of microbes. In the meningeal pus the diplococcus of Weichselbaum was found.

After discussing the symptoms and lesions MM. Rist and Paris came to the conclusion that all the symptoms presented by the patient were due to toxi-infection by Weichselbaum's diplococcus. — Le Progrès Médical.

Constitutional Symptoms in Children, Originating in the Tonsils.

At a meeting of the Society of Pædiatrics M. Babonneix reported two cases. The first was that of a child upon whom staphylorrhaphy had been recently performed and who presented a generalized erythema coinciding with the appearance of false membrane upon the tonsils. Bacteriological examination of the membrane revealed only streptococci without Loeffler's bacillus. No drug influence could be invoked in explanation of the eruption. This was followed by a prolonged desquamation. The second patient was a male child who, after a tonsillotomy, was attacked by fever, vomiting, and fœtid diarrhœa, while at the same time a pseudomembranous exudate appeared in the throat. On the next day an erythema multiforme developed, with articular pain. In this case likewise only streptococci were detected in the membrane.

M. Hutinel laid stress upon the fact that both children had shortly afterward incompletely cured inflammation of the tonsils and throat, and cited several analogous cases which he had observed. M. Guinon supported the opinion of M. Hutinel and mentioned a number of other cases of the same kind.

M. Triboulet spoke of an interesting case which might be compared with those under discussion. A child with enlarged glands had been operated upon with perfect success on account of mastoiditis. A year later the child was attacked by angina with whitish deposits, due to streptococci, and not diphtheritic, and during the development of the sore throat the old scar became swollen and glossy. There was no other consequence, and the scar returned to its former condition when the angina was cured.—Le Progrès Médical.

Nasal Chancre in a Child.

P. Brunon reports a case which is particularly interesting because of the excessively rare situation of the chancre over the inferior turbinated bone and on account of the difficulty of diagnosis, the parents being absolutely free from syphilis.

The patient, a boy, 7 years of age, who at first exhibited anorexia, lassitude, and enlargement of the left submaxillary glands. The general appearance seemed that of scrofula, but a small papular eruption developing at the end of some weeks caused a suspicion of syphilis, notwithstanding the apparent improbability of such an occurrence. The suspicion was confirmed, however, by the advent of a pharyngeal erythema and mucous patch of the gum.

Upon examining the child again it was found that one of the hyoid glands (related to the pituitary mucous membrane) was also involved and enlarged to the size of a walnut. The parents, when questioned, remembered that the child had suffered at the time of the first visit from coryza with a muco-sanguinolent discharge, to which they had attached no importance.

Examination of the nose with a speculum revealed the existence of a chancre situated over the left inferior turbinated bone and about 1 $^1/_2$ centimeters (rather more than $^1/_2$ inch) from the nasal orifice. The preaxoid lymphatic gland, also tributary to the pituitary mucous membrane, was decidedly swollen.

The child had the habit of introducing into the nose all sorts of objects—penholders, lead-pencils, stones, etc.—in order to play *being an elephant*. The etiology and pathogenesis of the affection was then easily understood. The infection followed its normal course. Mucous patches were reproduced and there was even a perforation of the hard palate. The manifestations were suppressed by the use of mercury.—La Tribune Médicale.

A New Parasite of the Nail.

Breuw has reported the case of a man who had had for eight months upon each nail of the left hand and thumb of the right hand a wedge-shaped notch, the remaining portion being itself opaque and so friable that it broke when it was cut. The disease also spread to the great toes.

The patient appeared to have contracted the disease by scratching bottles which were wrapped in rotten straw. The affected nails were precisely those which he used in this work. Cure was obtained by painting with a 10-per-cent. alcoholic solution of pyrogallic and salicylic acids. The nails loosened in consequence of an intensive treatment, but there was nevertheless a recurrence upon both great toes.

The author succeeded in isolating from the horny excrescence of the nails, by employing different methods of culture upon solid media, a fungus which, while presenting a certain analogy to the trichophyton tonsurans, was clearly distinguished from the latter by the aspect of its cultures and its morphological or biological characters. Upon the basis of these results Breuw believes that he has discovered a new parasite of the nails.—La Tribune Médicale.

Cerebral Symptoms During the Absorption of Œdema.

At a meeting of the Medical Society of the Hospitals MM. Pierre Merklen and Jean Heitz reported several cases of the kind, the œdema being of cardiac or hepatic origin. The manifestations consisted of torpor with Cheyne-Stokes respiration, delirium, mental confusion or agitation with anguish, and even of coma with generalized muscular stiffness, Kernig's sign, and relaxation of the sphincters. In one case these accidents ended in death. In three other cases they disappeared at the end of some days or weeks and the patients recovered. In a later case they were renewed upon two different occasions, and ceased upon the recurrence of the œdema. In this last patient the absorption had been sudden and spontaneous; in the others slow and produced by medication.

The prominent feature was the insufficiency of renal elimination, which, contrary to the general rule, was tardy and moderate. It may be concluded that there was a discord between the two acts constituting the crisis of the œdema: *i.e.*, their absorption and elimination in the urine. It must be remarked that the patients were old people, subjects of arteriosclerosis, and whose renal functional capacity was comparatively insufficient. This fact led to the thought that the accidents of absorption depended upon either cerebral œdema or a toxic condition. Cerebral œdema has been demonstrated in analogous cases by Andral, who compared these troubles of absorption with those produced by the injection of water into the veins. Other observers, as Bartels and Eichhorst, explain them by the retention in the blood of excrementitious principles absorbed and not eliminated. However this may be, a certain degree of renal insufficiency appears to be the essential cause of these accidents, and this may be replaced by supplementary evacuations, as purgations and hæmorrhages. It is of importance also not to abandon the use of cardiac tonics and diuretics, which are in nowise responsible for the complications observed. In fact, Eichhorst has seen them disappear while continuing the use of theobromine and digitalis. Their prognosis is less sombre than might be thought, and recovery is the most usual method of termination.—La Tribune Médicale.

Hereditary Syphilitic Ulcerated Gumma of the Lower Lip.

M. Courtin describes the case of a girl, 6 years of age, who entered the Children's Hospital September 4, 1903. She had had measles in May of the same year. Immediately afterward a swelling came upon the lower lip. This disappeared, leaving an ulcer which extended to neighboring parts. The x-rays were applied without result. When reported, the condition was: upon the forehead and hairy scalp were pustules covered with cone-shaped crusts. The ulceration of the lip had been preceded by the occurrence in that situation of lesions similar to those of the forehead. The ulcer involved the right half of the lip. The edge of the ulcer near the median line was punched out, red, and indurated. There was painful enlargement of the submaxillary glands. No other syphilitic manifestations were present. Potassium iodide was given in daily doses of 15 grains without result. Mixed treatment brought about recovery in ten days.—Revue Hebdomadaire de Laryngologie, etc.

Otitis, Mastoiditis, and Cervical Abscess Due to Actinomycosis.

M. Thévenot reports, in the name of Professor Poncet, the case of a patient who first had violent pain in the left ear. Fifteen days afterward there was an abundant discharge. Again, after some days the man began to suffer in the mastoid region, which was swollen. The swelling gradually extended along the sterno-cleido-mastoid; it consisted of small, superficial abscesses, which opened upon the surface and remained fistulous. There was woody induration of the region. The presence in the pus of numerous yellow grains demonstrated that the disease was actinomycosis. The parasite had entered the Eustachian tube, and hence the three stages: acute otitis media, mastoiditis, and cervical abscess.

In this case, in addition to the iodide treatment it was necessary to intervene surgically in order to follow the lesions into their depth and prevent a possible propagation to the brain.—Revue Hebdomadaire de Laryngologie, etc.

Pigmentary Degeneration in a Nursling Suffering from Myxœdema and Gastro-enteritis.

At a meeting of the Biological Society M. F. Potier spoke of a new case of pigmentary degeneration in a myxœdematous infant. The child, 7 months of age, was the subject of an extreme pigmentary degeneration, particularly marked in the spleen, extending to the liver, reaching the peripheral glands and those of the hilum of the lung. In the glands were only some grains of pigment, carried, like emboli, in the capsules and the blood-vessels.—La Tribune Médicale.

Glycosuria and Diseases of the Ears.

At a meeting of the Austrian Otological Society M. Hugo Frey alluded to a case of cerebellar abscess which was followed by glycosuria. Almost immediately after the operation there appeared symptoms due to the pneumogastric (disorders of breathing and circulation), and to the cerebellum (paresis, vertigo, and nystagmus) as well as glycosuria. These symptoms disappeared at the end of fifteen days. Up to the present time only five such cases have been reported. In the third case an autopsy was made and pus was found in the fourth ventricle; in two cases which had recovered there had been, in fact, a subdural purulent collection and in the second the diagnosis was doubtful. Grunert believes that the manifestations were toxic. Frey rather inclined to admit a special localization of the cerebellar disease as being the exact cause of the glycosuria. It cannot be denied, in fact, that in the published cases it has always been the fossa of the cerebellum which was attacked; that never in other endocranial complications have these symptoms been observed; and, finally, that the concordance of disorders in the sphere of the pneumogastric renders such an explanation the more probable. Moreover, a toxic glycosuria does not occur without fever and other general phenomena.

When there is no pus in the fourth ventricle there is no objection to explaining the given symptoms by the œdema which develops around the abscess and the compression which this exerts upon surrounding structures. From the diagnostic point of view glycosuria occurring during the course of one of the complications of purulent otitis points to the probability of an abscess of the cerebellum, or, to be precise, to an affection localized to the posterior fossa of the skull.—Revue Hebdomadaire de Laryngologie, etc.

Some Serious Cases of Nasal and Buccal Syphilis.

Dr. Deli, of Ypres, reports:—

1. Perichondritis and Periostitis of the Septum.—Girl of 15 years. Nasal obstruction for two months, preceded by headache, especially nocturnal. Began with violent nasal catarrh, followed by difficult respiration. The mucous membrane of both sides of the septum was swollen, but not very painful. Mixed treatment. Cured in two months.

2. Necrosis of the Inferior Turbinated Bone.—Partial destruction and specific hypertrophy of the velum palati. Ulcers of the pharynx. Woman, 25 years of age. Cephalalgia, insomnia, rhinorrhœa, and cacosmia.. Nasal voice. Ulceration of mucous membrane of the right inferior turbinated bone; upon the anterior two-thirds, fœtid rhinorrhœa. Destruction of the left half of the velum; perforation of the right side. Mixed treatment. Cured in two months.

3. Syphilitic Ozæna, with Extensive Destruction of Bone.—Woman. Intense cephalalgia; fœtid rhinorrhœa; insomnia; loss of taste and appetite. Disappearance of the left inferior turbinated. Atrophy of the middle turbinal. Almost complete destruction of the septum. The lower and middle turbinals of the right side were atrophied. The anterior wall of the sphenoidal sinus was destroyed. The velum palati had almost entirely disappeared. Mixed treatment. Cured at the end of three months.

4. Total Destruction of the Nose. Prosthesis.—Woman of 28 years. Hereditary syphilis. Mixed treatment and artificial serum. Then injection of paraffin. For the back of the nose the author had previously constructed a model of the nasal structure with two sides of gutta percha connected by means of a whalebone spring.

For the point of the nose he made a plastic operation.—Revue Hebdomadaire de Laryngologie, etc.

Primary Lupous Rhinitis of Vegetating Form.

Dr. F. Brini reports a case of lupus which began in the nasal fossæ. The patient was a woman, 25 years of age, who had already consulted an oculist on account of lacrymation, from which she had suffered for several months. About a year and a half previously the patient had begun to experience some trouble in the right nasal fossa, together with a burning sensation. Six months previously there had appeared upon the right cheek a small tubercle, which grew larger and ulcerated. Upon examination it was seen that the nasal fossæ, especially the right, were obstructed by masses of small granulations. There were no sequestra. Fœtor was absent. The diagnosis of lupus was confirmed by the histological examination. The treatment employed was curettage, followed by galvanic cauterization in some spots and chemical cauterization in others with a solution of lactic acid. The operation was finished with a gauze tampon. The patches upon the cheek were also cauterized. There was no recurrence two months later.

Attention is drawn to the following points: The granulations did not extend beyond the anterior third of the nasal fossæ; the perforation of the septum produced by the curettage, though considerable, caused no external deformity.—Revue Hebdomadaire de Laryngologie, etc.

Glycosuria of Pregnancy and Hypertrophy of the Thyroid Gland.

At a meeting of the Obstetrical Society of Paris MM. Bar and Daunay stated that they had observed, in the Hôpital Saint-Antoine, a pregnant woman who presented the signs of heightened arterial pressure. At the same time the thyroid gland was enlarged. Examination of the urine showed that there was a slight albuminuria, but particularly that glycosuria existed (about 2 drachms to the quart). By means of a regulated diet the sugar as well as the goiter diminished, but both symptoms recurred several times during the pregnancy. After confinement all the abnormal phenomena gradually disappeared. The hypertrophy of the thyroid gland was of longest duration. This co-existence of diabetes and hypertrophy of the thyroid gland seemed of interest to note. It may be added that there was no Graves's disease.—Le Bulletin Médical.

Urticaria and Herpes Zoster.

Dr. Paul Fabre writes in La Tribune Médicale that he recently observed a case of herpes zoster following almost immediately a violent attack of urticaria. He thought that it would be not without interest to review the relationship which might exist between these two morbid entities.

From the symptomatological point of view both manifest themselves by eruptions coincident with nervous disturbances: wheals in urticaria, almost always evanescent and without special localization; in herpes zoster, erythematous patches soon becoming covered by vesicles, which are sometimes transformed into pustules and are grouped in limited regions and nearly always confined to one side of the body. These eruptions are accompanied by nervous phenomena, especially of a sensory character. In urticaria there are itching, burning, and smarting; in herpes zoster, lancinating pains, itching, etc.

From the clinical point of view there are also analogies between the two diseases. Digestive disturbances are quite frequent in zona. Parrot looks upon them as an almost necessary condition in herpes zoster. In urticaria they are still more customary, perhaps, and we know the part which the ingestion of certain foods (mollusks, crustaceans, salt-water fish, salted fish, game, raspberries, strawberries, etc.) take in the production of this disease. Both affections also seem to have a predilection for persons of the so-called arthritic constitution.

Finally, from the point of view of pathogenesis, if we may ascribe both maladies to a trophoneurotic action, admit the influence of the vasomotor system, and acknowledge, in short, the angioneurotic nature of the eruption.

On the other hand, there is between the two eruptions a well-marked difference in the rôle played by the cerebro-spinal nervous system. In fact, if the relation of herpes zoster to the distribution of the nerves has long been recognized (without speaking of the localization, nature, and character—in a sense predominating—of the pain in zona), the relation of the nervous filaments to the eruption is less clear in urticaria.

The writer cites, in support of his thesis, the case of a woman in whom a severe attack of generalized urticaria was produced by the contact of a caterpillar with the skin of the neck. The eruption was accompanied by a very marked saburrhal condition, which doubtless stood in relation to the urticaria. On the fourth day the urticaria gave place to herpes zoster.

The relations between urticaria and zona were pointed out by the author in 1880 in a memoir presented to the Medical Society of Anvers. In that communication he alluded to the prevalence of zona in dyspeptic individuals and cited two cases occurring in women who were both subject to urticaria. The two diseases appeared to alternate in the two women.—La Tribune Médicale.

Therapeutic Notes.

Convalescence.

In the convalescent stage of febrile diseases in children Dr. Augustus Caillé says in the Post-graduate:—

"If iron, arsenic, phosphorus, and other drug tonics are to be given the tongue must first be clean. Should a clean tongue become coated after the administration of drug tonics, the latter should be discontinued and hydrochloric acid substituted." The author uses the following formulas in his practice for anæmic convalescents:—

Tincturæ ferri muriatici in doses of 2 to 5 drops three times a day.

℞ Elixir gentianæ comp., ℥ij.
Tincturæ ferri muriatici, ʒj.

Dose: $^{1}/_{2}$ to 1 teaspoonful three times a day.

Gude's liquor pepto-mangan. Dose: gtt. ii-v three times a day.

Elixir calisayæ cum ferro et strychnina.

Dose: ʒss-j several times a day.

Also the glycerophosphates and hypophosphites of iron.

Arsenic is best administered in the shape of Fowler's solution, 5 drops three times a day, in water, after eating.

Phosphorus is best given in the shape of Thompson's solution of phosphorus.

Balsam of Peru Treatment of Compound Fractures.

During the last four years Van Stockum, of Rotterdam, has treated as follows all of the compound fractures at the city hospital, of which he is the surgeon-in-chief: All foreign substances are removed with sterile forceps, but the wound is not washed nor disinfected, and no ligature is applied unless a large artery is bleeding. Balsam of Peru is then poured copiously into the wound, its penetration being promoted by moving the limb a little. The fracture is then reduced as if it were a simple fracture, and the wound is dressed with gauze impregnated with the balsam under an impermeable covering. The limb is then immobilized in a plaster cast for three weeks, and the dressing left undisturbed. The temperature always rises at first, but not seriously, and subsides to normal by the fifth or sixth day. At the end of the three weeks the mortified tissues are found mummified; the edges of the wound show no trace of redness or swelling; the bones are found consolidating, and the wound granulating normally. He seldom had occasion to apply the balsam more than once or twice in 90 cases thus treated, including 58 of the legs, 4 of the thigh, 15 of the arm, 2 of the pelvis, 1 of the patella, 2 of the calcaneum, and 8 of the lower jaw. The treatment was a complete success in all but 4 cases. In these there was some suppuration, but all recovered without a second operation except in 1 case, in which gangrene necessitated secondary amputation. In 8 cases healing was delayed by the presence of a foreign body, causing a fistula, and requiring removal. The effects of this treatment cannot be due to any bactericidal effect of the balsam, but rather to its action in stimulating the living tissues. They corroborate those obtained by Landerer in tuberculosis with cinnamic acid, one of the elements of Peruvian balsam.—Journal of the American Medical Association.

Elixir of Magnesium Sulphate: a Correction.

The formula given by Dr. T. W. Williams, of Milwaukee, Wis., to the Medical Summary and reproduced in THE MEDICAL BULLETIN for January, 1904, page 16, should read:—

℞ Magnesium sulphate, ℔ iss.
Granulated sugar, ℔ ss.
Ess. peppermint,
Ext. orange-peel comp.,
Tinct. Jamaica ginger, of each, ℥ss.
Distilled water, ℥lxiv.

Filter and add:—

Tinct. cudbear, q. s. to color.

Peppermint is more agreeable to the stomach than wintergreen, and more synergistic with the salts. Dissolve the salts and sugar with heat, and add the stomachics and aromatics. Dose: 1 to 2 or more dessertspoonfuls. It is evident that it would be very difficult to dissolve a pound and a half of magnesium sulphate and half a pound of sugar in two ounces of fluid.

Diseases of the Eye.

From Prof. L. Webster Fox's recently issued book we extract the following formulæ:—

Œdema of the Lids.

℞ Liq. plumbi subacetat. dil., ʒij.
Tr. opii,
Tr. belladonnæ, of each, ʒiss.
Tr. arnicæ, ℥j.
Aq. camphor.,
Aq. destillat., of each, q. s. ad ℥iv.

M. Sig.: Poison.

Conjunctivitis.

A much-used formula in catarrhal conjunctivitis with corneal complications is:—

℞ Acidi borici,
Sodii biborat., of each, ʒss.
Aq. menth. pip., ʒiij.
Ext. hamamelid. dest., ʒiv.
Aq. camphor.,
Aq. destillat., of each, ℥ij.

M. Sig.: Bathe eyes freely.

Ophthalmia Neonatorum.

In ophthalmia neonatorum and all forms of catarrhal conjunctivitis:—

℞ Hydrastin. hydrochlor., gr. iv-vj.
Acidi borici, gr. xx.
Tr. opii deod., ʒij.
Aq. destillat., ℥iv.

M. Sig.: Eye-lotion.

Ulcerations of the Cornea.

In ulcerations of the cornea following purulent conjunctivitis:—

℞ Eserin. sulph., gr. $^{1}/_{4}$.
Hydrarg. oxid. flav., gr. $^{1}/_{8}$-j.
Petrolat., ʒj.—M.

Cholera Infantum.

Dr. Edson, of Brooklyn, said that, as regards these diarrhœas, he had often given the following, with happy results, in the proper stage:—

℞ Ac. sulph. dil., 15 minims.
Spts. chlorof., 2 drachms.
Tr. opii camph., $^1/_2$ ounce.
Oil of cloves, 5 minims.
Syr. ginger, to 3 ounces.

Dose is 1 drachm. It does good work. The past two years he had also used a starch lump with brandy.—Brooklyn Medical Journal.

Sun, Air, and Mountain Climate in Treatment of Open Wounds.[1]

Bernhardt commenced to practice in the Engadine in 1886, and was at once impressed with the way in which wounds healed there. This, in addition to the beneficial effect of the mountain climate on tuberculosis, suggested that the conditions most favorable for operative treatment and healing of surgical tuberculosis and open wounds in general seemed to be combined there. Fresh meat hung up in the open air and sunshine dries, while retaining its flavor, and the aspect of meat thus dried suggested to him a similar method of treating open wounds. His first case was a patient who had been stabbed at seven points in the abdomen. The spleen had to be removed and the laparotomy wound burst open the eighth day and could not be sutured again. The edges were approximated with plaster, and the wound exposed for hours to the almost continual natural sunshine. The wound healed rapidly, and the results were so unexpectedly favorable that, during the two years since, this method has been applied in nearly every case of open wounds and of closed lesions not far from the surface, especially tuberculous joint affections. The sunlight is particularly powerful among the mountains, as the chemical rays are not absorbed by impurities or moisture in the air, and the secretions of the wounds rapidly dry up under the influence of the dryness of the air. The wound becomes covered with a parchmentlike skin, which protects it as well as any dressing under the clothing. Deep pockets heal rapidly under this exposure to the sun and air, usually on a veranda or in a room with open window.—Jour. Amer. Med. Assoc.

Inhalations of Formalin.

Spengler recommends formalin inhalations in pulmonary tuberculosis and fœtid bronchitis, prepared after the following formula:—

℞ Formalin, *m*lxxv.
Alcoholis (absolute), ʒv.
Spiritus ætheris, ℥iiss.

M. Sig.: Place 10 drops in a tumbler and take ten or twelve deep inspirations, the mouth being removed from the glass to exhale. The first inhalations should be superficial and the latter ones deep. Inhalations are made every other day at bedtime, and stopped after two weeks, to be resumed in a few days and continued as before.—Jour. Amer. Med. Assoc.

Hypnotic Mixture.

As a reliable hypnotic Dr. C. W. Canan, of Orkney Springs, Va., recommends in the Medical Summary:—

℞ Paraldehyde,
Mucilag. acaciæ, of each, ʒiv.
Syrupus amygdal., ℥j.
Aquæ, q. s. ad ℥vj.

M. Sig.: One to two tablespoonfuls every two or three hours until the desired effect is produced.

"You can prescribe this prescription with full confidence of its action in the right direction, and without apprehension of bad after-effects. It should also be remembered that the above is an excellent antidote for strychnine poisoning after the stomach has been properly emptied."

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[1] See also "Correspondence," in this issue, page 108.

THE
Medical Bulletin.

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Philadelphia, March, 1904.

THE SLAUGHTER OF THE INNOCENTS.

Most of us are apt to think that human nature has been improved during the progress of the ages. We read in history of certain periods and certain countries in and during which the basest iniquity prevailed. At such times moral conceptions seem to have almost died out of the world. Highwaymen abounded and assassins could be hired. Various sorts of unnatural vice prevailed. Drunkenness was universal and was itself a fruitful source of crime.

At the present era the surface of society, at least, is more decorous. Yet we are confronted, from time to time, with such appalling instances of corruption that we involuntarily ask ourselves whether the nature of man has, indeed, improved so greatly as we are generally accustomed to believe. Social organization has thrown many safeguards around life and property. In the preceding generation, however, it required the genius of Charles Dickens to expose, in one of his most powerful works, the barbarities practiced in the cheap Yorkshire schools. Not long ago we heard it asserted by intelligent men, during the course of conversation, that persons could yet be found who would deliberately take human life for the sake of a reward and without knowing anything of the individual sacrificed. The speakers were men of affairs, one occupying a prominent position, far from being pessimists; yet that was their conviction as regards the present age, country, and community.

Upright people do not think of these matters until they are suddenly brought face to face with some example of shocking enormity. This was recently the case in Philadelphia. A base creature having the shape of a man was tried and convicted of the dastardly and inhuman crime of being contributory to the death of infants in a so-called "baby farm," which he conducted. For the sake of a few paltry dollars he heartlessly permitted babes to perish from neglect. The burglar and the highwaymen are noble beings in comparison with such an abject wretch.

It was shown in the evidence that the poor children under this man's roof were starved. They were fed on an insufficient quantity of the poorest and cheapest kind of condensed milk to be found in the market. They were so famished that they would contend with the dogs in the yard for scraps and bones. If their sufferings caused them to cry they were narcotized with whisky or gin. Sooner or later they perished.

Such institutions have been repeatedly exposed in this and other cities of this and other countries. The laws as to registration and inspection should be so rigidly enforced as to render such crimes an impossibility. For numbers of respectable poor people are obliged to confide the care of their little ones to such institutions. The better class of homes and asylums are full, even the day nurseries are crowded, and the children must be boarded out among people who depend upon such a business for their livelihood.

The cases of neglect, cruelty, and starvation which are discovered in some of these places should spur the properly constituted authorities to exercise unceasing vigilance. These little creatures should not be left wholly to the—we were about to say mercy, but the sordid and despicable wretches who keep themselves alive upon the price of blood have no mercy—to the control of such degraded individuals. Under adequate and responsible supervision there would be no opportunity for the occurrences of such abuses and horrors as were revealed in the trial to which we have referred.

There are, here and elsewhere, numerous humanely administered institutions for the care of poor children. We have knowledge of some in Philadelphia in which every effort is made to provide education for such children as display talent. From one issued a boy who became a popular and successful clergyman. From another started a boy who passed through all the grades of the public schools, won a scholarship which entitled him to a college course, and who is now pursuing special postgraduate studies. Still others have become musicians. Girls have been educated to trades or arts if they displayed sufficient gifts. Young persons of this kind are glad to help pay their own way.

We remember an interesting visit to an institution in Germany. All children were received without question and reared at the expense of the State. This was a model establishment. When the boys were of the proper age they were sent into the army. When the girls were old enough they were placed at domestic service or in positions for which they had manifested a natural aptitude, as dressmaking, nursing, etc. It is gratifying to know that such homes and training schools are in existence, but painful to contrast their value and efficiency with the horrible dens mismanaged by debased criminals. The particular wretch in question escaped easily, in view of his murderous cruelty. He was convicted of involuntary manslaughter, sentenced to two years and a pecuniary fine. His record is thoroughly vile and he should be kept under police surveillance after he has served his term.

In consequence of his investigations the coroner of this city has discovered, so it is announced, clues to other rascalities in connection with the traffic in human life. It is believed that there exists a gang of persons who conceal the traces of criminal abortions and other violations of law and humanity by the issue and registry of bogus death certificates. By what means these are obtained and how the names of reputable physicians can be appended—unless by forgery—does not as yet appear. It is conceivable how such a nefarious scheme might be worked in order to cover up the iniquities of some of the baby farms. It is even stated that in some cases there have been private crematories for the purpose of consuming without discovery victims of vice, greed, and heartlessness.

SALTING THE TRACKS.

For many years the deleterious custom has prevailed among street-railway men of scattering salt upon the tracks in order to melt the snow. Undoubtedly this habit has been responsible for many cases of disease, especially of the respiratory mucous membrane. At many places upon the streets are large pools of melting snow. The penetrating dampness caused by this slop is extremely disagreeable to the feelings, to say nothing of its detrimental influence upon the health. At this season of the year, and particularly this winter, which has been of unwonted severity, the streets have been covered by large snowfalls, leading to an embarrassment of service. Knots of people have been seen at every corner, shivering in the icy blasts, waiting more or less impatiently for a conveyance home. In dry, cold weather this is bad enough; but, if the atmosphere is damp, if miniature lakes and rivulets flow through the streets as the result of salting the tracks, the misery becomes multiplied, and the consequences, as we have implied, proportionately serious.

The use of salt upon the tracks has been condemned and forbidden time after time, but the street-car company always persists in the practice. Passengers wait on the corners until they are thoroughly chilled; at last a car comes along; it gathers up group after group; people are packed, as the expression is, like sardines; and the air of the car is humid, cold, and impregnated with countless micro-organisms and noxious exhalations. How often are we called to cases and told a story something like the following: "The day after the storm I had to stand for a long time upon a corner waiting for a car. The pavement was full of frozen snow, the roadway with a freezing mixture of snow and water. I stamped my feet and walked about, but all to no purpose. I became thoroughly chilled. At length when I was able to board a car I had to stand all the way home, shivering and miserable. When I had become warm I felt a little better, but during the night I awoke with a chill, and, although I piled the covers on and my wife made me a hot drink it was a long time before I was comfortably warm. This morning when I rose I was hoarse; my throat felt sore; I had no appetite, felt weak, and was unfit to go to business. Domestic remedies have done me no good, and I have had to send for the doctor." We look into the throat and we find an acute tonsillitis. In other cases the brunt of the attack falls upon the larynx, the trachea, or the bronchi. Others develop an attack of rheumatism in consequence of such exposure. Only lately we have attended a young lady through a course of rheumatic fever which she attributed—and in all probability she was right—to a chill contracted in a damp car after waiting for quite a period upon a slushy corner. Such instances, which every physician can multiply from his own experience, are cited by way of illustration. Individuals contract cold from a low temperature, dampness, and draught acting upon a depressed vitality through the intermediary of pathogenic germs.

The public has a right to demand that the company which engages to provide transportation through the city should also make every possible provision for the comfort and health of passengers. Distances are so long in Philadelphia that an overwhelming majority of citizens must necessarily depend, to a greater or less extent, upon the street-car system. The company operating this system should provide every possible facility. It is a frequent complaint in Philadelphia that the public is served far less well than in many smaller and less important cities.

During the last storm, a few days ago, scarcely an effort, if any, was made to remove the snow from the tracks. We are credibly informed that, at least on some of the lines, no snowplows were put upon the streets. As a consequence there was much unjustifiable delay. The loss of time would be of less import than the peril to health. The corporations which have acquired valuable franchises should be willing and able to perform their part of the bargain with the municipality and its citizens. As it is now, the public is entirely at the mercy of the company.

OTITIS IN VARICELLA.

VARICELLA is universally considered, and, in fact, in the vast majority of cases is, a trivial disease. Yet some serious complications have been sometimes reported. It has occasionally caused death in previously healthy children. Pneumonia, nephritis, and gangrenous dermatitis have been observed in connection with varicella. The latest publication on this interesting subject to fall under our observation is a paper by Dr. M. Lannois, of Lyons.[1] In addition to those complications which have been heretofore cited, the author states that chicken-pox may produce disease of the ear, but that nevertheless the classical treatises on otology are completely silent on this subject. Burkner does, indeed, mention the occurrence of vesicles in the meatus. This absence of involvement of the ear may cause some surprise when we reflect that there is in varicella not only an exanthem, but also an enanthem affecting the upper digestive and respiratory mucous membrane and the vulva. As a rule, the enanthem is limited. In the mouth it is only the ulcerative forms, as Comby has shown, that produce swelling and pain, difficulty of mastication, and flow of saliva. Laryngeal accidents may be grave. To this implication L. Guinon ascribes the retrosternal pain and respiratory trouble sometimes encountered at the beginning of the eruption. This author quotes cases presenting the symptom of croup with attacks of suffocation necessitating the performance of tracheotomy. At the autopsy ulcers of the vocal cords and epiglottis were found, together with swelling of the mucous membrane. Pharyngitis may occur. From this angina may arise in children who have enlarged tonsils or adenoid growths. We can readily understand that the vesicle of varicella may develop in the naso-pharynx near the orifice of the Eustachian tube. The ears are especially prone to attack when they have previously been unhealthy.

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[1] "Otites varicelleuses." Par le Dr. M. Lannois, de Lyon. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Laryngologie, 23 Janvier, 1904.

In this connection the author refers to the case of a boy, 5 years of age, who had from time to time suffered from earache and had had, in fact, a year previously, a discharge from the left ear. He had enlarged tonsils and some vegetations. Insufflations were practiced and the tonsils were reduced by the galvanocautery. Two months later, the child remaining hard of hearing, he had an attack of chicken-pox, during which he twice complained of his throat. Catheterization of the tube and a slight curettage of the naso-pharynx dispelled the symptoms.

Another case was that of a little girl, 6 1/2 years of age, who had, two years previously, consecutive to tonsillitis, an acute suppurative otitis of both sides. Recovery was complete on the right side, but a perforation was caused on the left. There had been two recurrences, for which not much was done. A third return coincided with an attack of varicella.

In these cases, and others of which the author has notes, the varicella simply provoked a return of a previously existing disease. A, girl of 7 years had acute otitis media coinciding with chicken-pox. In a boy of 4 years he witnessed, during a serious case of varicella, decided sore throat with enlarged cervical glands and suppuration of the left ear. Otitis accompanying varicella may lead to other diseases of the ear. Our author mentions, for instance, an acute mastoiditis under these conditions. The patient was a girl baby of 17 months who had all the signs of left mastoiditis. Fifteen days later she sickened with chicken-pox. This was accompanied by a moderate discharge of pus. For three days the infant did not eat, cried at night, and had fever. An operation was performed and recovery was rapid.

Correspondence.

ECZEMA CURED BY SUNBURN.

Editor of the Medical Bulletin:

In the year 1901 I had an attack of eczema involving my nose and face from eyebrows to upper lip, and laterally the width of my face. I had the best of medical attendance, but though I got some relief now and then, it never approached what promised to be a cure. Every month or two it would relapse into its worst stage. In 1902 the back of my right hand became also involved. All this time I applied medicines prescribed by a specialist, but scales and skin would peel off only to scale over and go through the same process.

In August, 1903, I went into the Belt Mountains, in Montana, for an outing. The disease was not at its worst, but it was far from its best. The skin on the back of the affected hand was greatly thickened, and cracked in places, and looked very red and angry. My face was red and much swollen, the skin on the nose was of double thickness, and flabby puffs were hanging under my eyes. On one very clear, hot day I went up a trout stream about four miles, forgetting to take my gloves which the doctor had cautioned me to wear, to protect my sore hand. During the whole day my right hand, which held the rod, was exposed to the sun and was terribly burned. I put vaselin on it at night, but the smarting was very severe. The next day it looked worse than at any time before: was redder and more swollen, and the skin was cracked open in one place, across the knuckle, for at least an inch. A day later it was about the same, but on the third day healing had set in, and from that time it improved right along. In ten days I felt sure it would get well.

As it seemed evident that the sunburn had something to do with the case, I exposed my face to the sun, merely closing my eyelids and letting the sun shine steadily on my face for from one to two hours a day for three days, till I got it well burned, using vaselin on it between sun-baths and at nights. The result was increasing soreness for a few days, followed by an improvement in every way, and in less than one month afterward I could neither feel nor see the least evidence of ever having had the disease. Now, February 1, 1904, I am still absolutely free from eczema on hand and face, though I have a small spot on an elbow which will serve as another test of sun-cure when hot weather comes.

I would like to have this statement fall into the hands of men of the medical profession, who have the talent and opportunity to test the principle, and, if it is a discovery of value, all I would expect would be a little credit for it.

Col. J. W. U. Reisinger.

Meadville, Pa.

Medical News and Miscellany.

Dr. Guy Hinsdale.—The medical profession of Philadelphia has lost from its midst a most enthusiastic worker in climatology, Dr. Guy Hinsdale. The doctor has not only accomplished much by his many valuable papers upon the treatment of many diseases, especially tuberculosis, but he has likewise practiced his profession with much success in this great medical center. Dr. Hinsdale has also for many years been investigating the effects of the climate and the natural water of the Virginia Hot Springs. After much thought upon the subject Dr. Hinsdale has finally concluded to put his knowledge of the Hot Springs of Virginia into practical application by locating in that place for the purpose of there practicing his profession. The medical men of Philadelphia and the many friends of Dr. Hinsdale deeply regret his departure from this city. A few of the many friends of the doctor tendered him a dinner on Friday evening, January 29th, at the Union League. Dr. James Tyson was toastmaster. Among those present were Dr. James M. Anders, Dr. J. C. Wilson, Dr. W. W. Keen, Dr. W. E. Ashton, Dr. H. A. Hare, Dr. J. K. Mitchell, Dr. T. C. Fulton, Dr. E. Laplace, Dr. James Van Buskirk, Dr. J. H. Musser, Dr. E. E. Montgomery, Dr. Alfred Stengel, Dr. H. Augustus Wilson, Dr. Charles K. Mills, Dr. S. S. Stryker, Dr. W. E. Hughes, Dr. F. X. Dercum, and Dr. W. Reynolds Wilson.

We regret very much not having been present at the well merited complimentary dinner just referred to, but the committee having the dinner in charge unfortunately made the time too short in issuing their invitations. The editor of The Medical Bulletin, like many other of Dr. Hinsdale's friends, having made a previous engagement for that evening, was thus deterred from the pleasure of being among those who honored Dr. Hinsdale upon the occasion just named. We wish Dr. Hinsdale much success in his new field of work at the Hot Springs of Virginia.

Col. Dennis D. Crowley, M.D.—Dr. Dennis D. Crowley, of Oakland, has been appointed surgeon-general of California, with the rank of colonel, succeeding Dr. Winslow Anderson.

Fifth International Congress of Dermatology.—Berlin will welcome this congress

September 12 to 17, 1904. Prof. E. Lesser will preside, and Dr. O. Rosenthal is the general secretary. His address is Potsdamerstrasse 122 g. Berlin W. The themes appointed for discussion are: "Cutaneous Affections in Case of Anomalies in Metabolism," "Syphilitic Affections of the Organs of Circulation," "Epitheliomata and Their Treatment," "Present Status of Leprosy (since the first leprosy congress of 1897)," and "Present Status of Anæsthetic Leprosy."

Matrimonial. — On January 19th, at Grace Church Chantry, New York City, Dr. H. Stokes Doriss was married to Harriet Effie Janet, daughter of Mrs. William Everett Tickens. The newly married couple will reside at Atlantic City, N. J.

Boiling Water as a Drink.—The following is culled from the Medical Standard:—

Mahoole.—"Ain't yez th' wan what towld me niver to dhrink wather widout boilin'?"

Physician.—"Yes, sir."

Mahoole.—"Thin Oi hov a moind to mùrther ye. Oi dhrank boiled wather an' awlmost burned me mouth off."

Henry Phipps Institute.—On the evening of February 15th an address on the administration control of tuberculosis was delivered by Dr. Hermàn M. Biggs, of New York, before the Henry Phipps Institute for the study, treatment, and prevention of tuberculosis.

Emission of Rays by the Human Organism.—Charpentier reported at the meeting of the Paris Académie des Sciences that phosphorescent and fluorescent substances become more luminous when in proximity to a functionating muscle, nerve, or nerve-center. He was studying the Blondlot or n-rays at the time he made this discovery, and found that it was possible to trace the course of a functionating nerve by this greater luminosity of the fluorescent screen over it. The increase in luminosity was apparent even through interposing substances, except those which are impermeable for the n-rays. The rays thus emitted by the human organism reflect and refract like the n-rays, and are equally pronounced even after the subject has been in complete darkness for nine hours. This proves that the rays are actually emitted, and are not merely the effects of stored-up light in the tissues. He was able to determine the outlines of the heart by the changes in the luminosity of a small fluorescent object passed over the region.

The Blondlot or n-rays are detected by inclosing a gas-jet, for instance, in a metal box impermeable to the heat- and light-rays. A window of aluminum also arrests the heat- and light- rays, but allows these n-rays to pass. If they are focused by an aluminum lens after having traversed the aluminum window, it will be found that an electric light or a scarcely visible gas-flame will shine more brightly under their influence, and phosphorescent or fluorescent bodies become more luminous and active. Aluminum and paper transmit the n-rays while filtering out the ordinary heat- and light- rays, but the n-rays are arrested by lead. They are not heat-rays, as has been proved by the calorific screen. The evidence indicates that the wave-length is far below that of heat and above that of electricity. The British Medical Journal comments on Charpentier's discovery above as "opening up possibilities for research on the living body which far surpass anything that the wildest dreams of the imagination have so far suggested."—Journal of the American Medical Association.

Hollopeter Pædiatric Society. — A meeting of the above society was held on the evening of February 18th at the Medico-Chirurgical College. The lecture was given by Dr. William M. Welsh, the subject being "The Differential Diagnosis between Chicken-pox and Small-pox."

The Volcanoes of Hawaii.—In Danbury, Conn., on a recent evening, Dr. W. C. Wile delivered an interesting lecture upon the above subject. The address was illustrated by numerous beautiful stereopticon views. The speaker described in graphic terms a visit to the craters of the volcanoes. Views were also shown of many noteworthy spots and buildings. The customs of the natives were described in excellent style.

Model Expert Testimony. — The following is a copy of what Judge Mayer Sulzberger said, after criticizing the expert testimony of a physician in another case: "Some of you may have heard the evidence which was given by Dr. Ernest Laplace, the other day, in another case. There was a model of expert testimony. His testimony was that of a man who is entire master of his subject, who knows its literature, who has thought profoundly upon all its phases, and who has an independent opinion, to which the mind must bow with respect, as being founded upon wisdom, knowledge, and competent understanding."

Medical Club of Philadelphia.—The officers of the club for the year 1904 are: President, Dr. E. E. Montgomery, 1703 Walnut Street. First vice-president, Dr. Roland G. Curtin, 22 South Eighteenth Street. Second vice-president, Dr. Wharton Sinkler, 1606 Walnut Street. Secretary, Dr. J. Gurney Taylor, 6041 Drexel Road. Treasurer, Dr. F. Savary Pearce, 1407 Locust Street. Board of Governors, Dr. James Van Buskirk, 2130 Hancock Street; Dr. James M. Anders, 1605 Walnut Street; Dr. T. Chalmers Fulton, corner Sixth and Diamond Streets; Dr. L. Webster Fox, 1304 Walnut Street; Dr. Edward L. Duer, 1606 Locust Street. Additional members of the Executive Committee, Dr. Ernest Laplace, 1828 South Rittenhouse Square; Dr. Alexander McAlister, 582 Federal Street, Camden, N. J.; Dr. W. H. Warder, 1212 North Broad Street; Dr. Hobart A. Hare, 1801 Spruce Street; Dr. Walter L. Pyle, 1806 Chestnut Street.

Tuberculosis Exposition.—An exposition was held in Baltimore under the auspices of the Tuberculosis Commission of Maryland. The exposition was open for a week and constituted an objective presentation of the history, distribution, varieties, causes, cost, prevention, and cure of tuberculosis. Among the speakers on different days were: Mr. Frederick Hoffman, of Newark, N. J., "The Statistical Laws of Tuberculosis"; Dr. Lawrence F. Flick, of Philadelphia, "House Infection of Tuberculosis"; Dr. Mazyck P. Ravenel, of Philadelphia, "Bovine Tuberculosis: a Factor in Human Tuberculosis"; Dr. S. A. Knopf, of New York, "Pulmonary Consumption and the Possibilities of its Eradication through the Combined Action of a Wise Government, Well-Trained Physicians, and an Intelligent People"; Dr. J. George Adami, of Montreal, "Facts, Half-truths, and the Truth about Tuberculosis."

Arthritis in Measles.—An instance of this unusual complication is mentioned by Dr. Robert Craik, the patient being a boy, aged 7 years, who began complaining of pain in his knee. There was no traumatism. No scratch or bruise or swelling, but the lad limped a little. The day following pain was less and he went to school as usual, but came home at noon and did not return because of pain in his knee. For two days he sat about the house, and on the fifth day he was covered with the rash of measles, an epidemic of which prevailed. The knee became more painful, and he was only comfortable with the leg fixed and resting on his left side. There was no swelling or redness, but there was some synovial effusion. Thirty days later the effusion was very great and was freely evacuated, and a large quantity of synovial fluid escaped. Very little stiffness ultimately resulted.—American Journal of Surgery and Gynæcology.

Baccelli Leaves the Italian Cabinet.—For two years Baccelli has been Minister of the Department of Public Instruction or of Agriculture, and has accomplished some notable reforms along various lines while in office. He has now returned to his clinic at Rome, and the occasion was celebrated by his friends with much rejoicing.

Wedding Bells.—On February 12th, at St. Matthew's Lutheran Church, Philadelphia, Mr. John Edwin Wells was married to Anna Coates, daughter of Dr. and Mrs. Edmund Holmes.

Mr. Frank G. Ryan.—Frank G. Ryan, formerly Instructor in Pharmacy in the Philadelphia College of Pharmacy, and for the past four years chief pharmacist for Parke, Davis & Co., having supervision over the manufacture of all their chemical, pharmaceutical, and biological products, was recently elected to the Board of Directors of that firm, which position was made vacant by the death of Mr. Warren, late general manager.

Dr. R. C. Rosenberger.—Dr. Randle C. Rosenberger, associate in bacteriology in the Jefferson Medical College, has been appointed Director of the Bacteriological Laboratories of the Philadelphia Hospital.

Euchre and Dance.—On the evening of February 3d the George H. Meeker Analytic Chemistry Society of the Medico-Chirurgical College, Department of Pharmacy, gave a euchre and dance in honor of the Junior Class. The occasion was much enjoyed.

Argyria of the Nasal Mucous Membrane.—At a meeting of the Austrian Society of Otology Dr. Gomperz exhibited microscopical preparations showing argyria of the nasal mucous membrane. Dr. Meumans said that the effect was due not so much to the concentration of the solutions employed as to their frequency and length of time during which applications were made.

Medical Society of the County of Erie (N. Y.).—At the eighty-third annual meeting held in Buffalo, Dr. William C. Krauss was elected president; Dr. Franklin C. Gram, secretary, and Dr. Edward Clark, treasurer. The society condemned Mayor Knight's efforts to send all the sick poor to the County Hospital. Memorials for deceased members were presented as follows: Dr. Herman Mynter, by Dr. Henry R. Hopkins; Dr. Herbert Mickle, by Dr. W. Scott Renner; Dr. William H. Jackson, by Dr. Alvin A. Hubbell; Dr. Byron H. Daggett, by Dr. Nelson W. Wilson.

Prof. C. Schleich.—The Medical Faculty of the University of Würzburg has awarded to Prof. C. Schleich, of Berlin, the Rinecker prize, consisting of a silver medal and the sum of £50, in recognition of his work on local anæsthesia.

Hyperhidrosis Universalis. — Gillet has reported a case of hyperhidrosis universalis occurring at the periods of suppressed menses and ceasing as soon as menstruation was normally resumed. This is the only case Müller has been able to find resembling at all the one he here describes. His patient was a trained nurse, who, after a strenuous winter's work, noted hyperhidrosis universalis at the time of the menses, ceasing during the intervals, and finally supplanting the menses completely and becoming continuous. In six months she lost forty pounds and became very weak, suffering besides from eczema caused by the constant sweating. The symptoms indicated exaggerated oxidation processes, and Müller explains them as the reaction of the organism to excessive functioning of the sweat centers, with the consequent great loss of warmth. The affection was probably a manifestation of neurasthenia. No treatment was effectual and the patient succumbed about eighteen months after the first symptoms had been observed. Postmortem examination was not allowed, and there is a possibility that the trouble may have been due to some brain tumor.—Journal American Medical Association.

The Source of Radium. — Joachimsthal, in Bohemia, has long been famous for its silver and tin mines. The German word for dollar, "Thaler," is derived from its name, as the first silver dollars were made there. As the silver mines were worked out, the place declined until a new industry took its place, the making of the fashionable "uranium glass," which owes its tints to the uranium ore which is found there in abundance. The refuse is called pitchblende or pitch ore, and is a submetallic, pitchy, grayish or greenish-black opaque substance which was regarded as of no value. When Curie, a year ago, wrote to the president of the Vienna Academy of Sciences to ask his aid in procuring him a large quantity of this pitchblende, several tons were forwarded to him and no charge was made. At present the Joachimsthaler authorities are cherishing their pitchblende and will not sell it at any price, not knowing what they ought to charge for it, and perhaps fearing that the supply will give out. It takes ten tons of pitchblende to produce one gram of radium.—Journal of the American Medical Association.

Dr. Donald L. Ross.—Dr. Donald L. Ross has resigned his position on the staff of the Willard State Hospital, N. Y., and has accepted the position of first assistant physician at the Craig Colony.

Neurological Society of Philadelphia.—The Neurological Society observed its twentieth anniversary in the College of Physicians and Surgeons. These officers were elected: President, Dr. Charles S. Potts; vice-presidents, Drs. D. J. McCarthy and William Pickett; secretary, Dr. T. H. Weisenburg; treasurer, Dr. J. H. W. Rhein; councilors, Drs. W. G. Spiller, W. Sinkler, and Joseph Seiler.

Diet in Albuminuria.—Experience has convinced Daremberg that fish is an excellent article of diet in albuminuria, taken two or three times a week at noon. Two glasses of Vichy daily aid in maintaining the balance. After three or four weeks of this combination beef can be resumed with impunity, and finally an ordinary diet, abstaining only from alcohol, tomatoes, and asparagus. His experience has been very favorable with this *régime* in cases of variable albuminuria—relic of a renal affection due to some infectious disease. Study of the relations between the albumin, the uric acid, and the total acidity of the urine has shown that they all increase and decrease in parallel proportions in normal conditions. When the curves of the uric acid and total acidity are found to be at variance, the reappearance of albuminuria is imminent and should be guarded against by careful dieting.—Journal American Medical Association.

Nervous Fever.—Edvard Kaurin calls attention to the changes in temperature which are frequently observed in patients resident in sanatoria for tuberculosis. Nervous fever appears to depend upon some nerve or functional change in the centers for the regulation of heat. The temperatures are raised when the patient is in fair health and when no objective changes are visible. The condition is most frequent among women and in those who know that much depends upon changes in their body temperature. Kaurin has found that this condition rapidly disappears if a thermometer is used in which the graduation is concealed from the patient's view.—British Medical Journal.

Sixth International Congress of Physiology.—The next international congress will be held at Brussels, August 30 to September 3, 1904.

Paratyphoid Fever.—Wells and Scott give the histories and a study of five cases which indicate to them that paratyphoid infections are accompanied with quite different changes from those from typhoid. On the other hand, there is little characterizing this infection from other septicæmias anatomically, however much it may differ clinically. The most constant change was the splenic enlargement, which was present in all five. It seems to be the same as that of typhoid or ordinary septicæmia.

The microscopical findings are similar, and the anatomical changes are simply those of septicæmia with splenic swelling and occasionally nonspecific ulcerations in the intestine. The total escape of Peyer's patches seems to indicate some essential difference between the typhoid and paratyphoid organisms.—Journal of the American Medical Association.

X-ray Prize Essays.—Believing that the further development of x-rays is of great importance to surgery and medicine and the human race, and to encourage research and disseminate the knowledge gained, the Illustrated Review of Physiological Therapeutics offers the sum of $1500 in cash prizes for the best essays on x-rays in medicine and surgery, the first prize being $1000. All surgeons, physicians, and hospitals interested in any branch of x-ray work should write to the Illustrated Review of Physiological Therapeutics, 19 East Sixteenth Street, New York City, for information concerning title, time allowed, conditions, etc.

Bequests to Hospital and College.—By the will of the late Henry B. Ashmead, his estate, valued at $500,000, reverts to the Episcopal Hospital, as a memorial to his widow, after her death, and that of her daughter. Louis C. Vanuxem, whose estate is valued at over a million dollars, bequeathed $25,000 each to Princeton University, of which he was an alumnus, and to Jefferson Medical College, of which he was a trustee.

Bequest to Medical College.—By the will of former Congressman James J. Belden, of Syracuse, $50,000 is devised to the College of Medicine of Syracuse University.

Atlantic County (N. J.) Medical Society.—The following officers were elected: President, Dr. Theodore Senseman, of Atlantic City; vice-president, Dr. Edmund A. Madden, of Absecon; secretary-treasurer, Dr. Edward Guion; reporter, Dr. A. Burton Shimer; Board of Censors, Drs. Edward A. Reiley, Edwin H. Harvey, and William M. Pollard; delegates, Drs. Elisha C. Chew and J. C. Marshall; and alternates, Drs. Wait P. Conaway and M. Le Roy Somers, all of Atlantic City.

Prolonged Alcoholic Hallucinations.—A prolonged—almost chronic—stage of hallucinations is liable to follow after attacks of delirium tremens—echoes of the preceding disturbances. Sukhanoff and Vredenski had occasion to observe 33 cases of this category among the 4813 patients at the Moscow psychiatric clinic. All but 3 were men. They describe the points in which this condition differs from acute delirium and from alcoholic melancholia and paranoia, and comment on its curability. Many of the patients become alarmed at the persistence of the "voices," etc., and abandon alcohol completely. Hereditary predisposition was evident in 96.55 per cent. of the cases. Less than 12 per cent. of the 33 cases were educated persons, the majority were day-laborers, farm-hands, etc.—Journal of the American Medical Association.

Society Election. — The annual election of the Medical Society of the County of Kings, N. Y., resulted as follows: President, Dr. John E. Sheppard; vice-president, Dr. James W. Fleming; secretary, Dr. William S. Hubbard; associate secretary, Dr. William C. Woolsey; treasurer, Dr. Onslow A. Gordon; associate treasurer, Dr. John R. Stivers; directing librarian, Dr. James M. Winfield; censors, Drs. Henry G. Webster, James P. Warbasse, William F. Campbell, William F. Dudley, and Walter C. Wood, all of Brooklyn.

New Medical Society. — The East Side Physicians' Association of the City of New York was organized with the following officers: Dr. Ignatz M. Rottenberg, president; Drs. Maurice J. Burnstein and Frederic N. Wilson, vice-presidents; Dr. Nathan Friedman, secretary; Dr. Maurice

Caspe, treasurer; Dr. Sigmund A. Tarler, chairman of Ways and Means Committee; Dr. William S. Gottheil, chairman of Committee on Ethics; Drs. Robert Abrahams, Abram Brothers, and Max Landesmann, trustees; and Drs. Maurice M. Berger, Julius Solow, Waldemar Dorfman, Pierre A. Siegelstein, and Isidor Ritter, Committee on Admission.

French Climatotherapy Congress. — A congress has been organized to meet at Nice, April 4 to 9, 1904. Professor Chantemesse has been appointed president and the Executive Committee also includes Rénaut, of Lyons; Grasset, of Montpellier; Calmette, of Lille; and Balestre, of Nice. The general secretary is Dr. Hérard de Bessé. Addresses will be delivered on the "Climate of the French Mediterranean Coast," "Adaptation of the Individual to the Climate," "Influence of this Coast Climate on Tubercular Patients," "Influence on Rheumatism and Those Subject to Rheumatism," and on "Disinfection of Towns."

February McClure's.—The February McClure's contains a stirring article by R. S. Baker on the labor situation in San Francisco. Mr. Baker has just been there, and he finds the worst monopoly in town to be "A Corner in Labor." Miss Tarbell's third chapter of her "History of the Standard Oil Company," Part Two, is thrilling. Backed by documents, and with the unprejudiced calmness that is her most effective weapon, she gives an amazing account of petty persecution. The other articles are by John la Farge, whose splendid interpretation of great pictures of "War" is the second of his series on "One Hundred Masterpieces of Painting," and Frank H. Schell, who tells of hazardous adventures while "Sketching Under Fire at Antietam." The fiction is strong. Booth Tarkington has the first of a series of political stories, "The Aliens." Lloyd Osbourne's Western picnic-comedy, "The Fugitives of Pleasure," sparkles with love and repartee. In "Beneath the Wrinkle," a delicate, sad little romance, Clara Morris successfully departs from her former field of reminiscence. Rex E. Beach, who sprang into favor with his one story "The Mule-driver and the Garrulous Mute" contributes "The Shyness of Shorty," an exciting and vivid Wild-West tale. Miriam Michelson has an amusing and ingenious love story, "Prince Roseleaf and a Girl from Kansas." "The Forger," the first of a series of prison stories by R. F. Foster, is a realistic study of temptation and downfall. An old farmer's pursuit of "The Elusive Ten-Dollar Bill" through the mazes of departmental red tape is comically told by Elliott Flower.

Book Reviews.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc.; assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Volume III, September, 1903: Diseases of the Thorax and its Viscera, Including the Heart, Lungs, and Bloodvessels; Dermatology and Syphilis; Diseases of the Nervous System; Obstetrics. Volume IV, December, 1903: Diseases of Digestive Tract and Allied Organs — Liver, Pancreas, and Peritoneum; Anæsthetics, Fractures, Dislocations, Amputations, Surgery of the Extremities and Orthopædics; Genito-Urinary Diseases; Diseases of the Kidneys; Physiology; Hygiene; Practical Therapeutic Referendum. Lea Brothers & Co., Philadelphia and New York, 1903.

All the volumes of this series are replete with valuable information, and the two which are before us are no exception to the rule. We have constantly borne testimony to the assistance given by this series in keeping pace with the march of progress. By their means the physician is placed in the way of reviewing the literature of any subject in which he may be interested. All are necessarily interested, from the nature of their vocation, in diseases of the chest and in obstetrics; in diseases of the digestive apparatus and of the kidneys; all should be acquainted with the manifestations and the far-reaching influence of syphilis; the general practitioner should realize the relation between diseases of the skin and the general system; all are constantly consulted as regards nervous perturbations; all must have an intelligent understanding of fractures and be cognizant of the last word as regards their diagnosis and treatment. Consequently these two final volumes of the year 1903 are of particular worth. The section upon diseases of the thorax and its viscera is prepared under the supervision of Dr. William Ewart, who is a recognized authority upon this class of affections. In this part of the volume, which includes nearly a hundred pages, in addition to the large number of abstracts relating to every branch of the subject we find a noteworthy account of the practice of intravenous injections in diseases of the thoracic viscera. Functional affections of the heart receive extended notice. Considerable space is also accorded to the recent literature concerning angina pectoris, its varieties and treatment. In accordance with the numerous clinical experiments with actinotherapy in diseases of the skin, Dr. William S. Gottheil reviews at some length the maladies in which light has been systematically employed and describes the mode of application. He likewise calls attention to the salient points of the chief papers which have been published upon radiotherapy. He notices the current literature upon the various cutaneous disorders and the latest publications upon the many aspects and phases of syphilis. Dr. William G. Spiller, of Philadelphia, has collected and epitomized the numerous papers and investigations relative to disease of the brain, spinal cord, and nerves, both organic and functional. The section upon obstetrics is under the able supervision of Dr. Richard C. Norris, who gives us the gist of all the instructive or suggestive material which has appeared upon this subject during the year.

The contents of Volume IV are of equal value to the practitioner. The part devoted to diseases of the digestive tract and organs is under the management of Dr. John C. Hemmeter, of Baltimore, than whom, by reason of his special researches, there could not be found one more competent to summarize the literature in this field. The suggestive work of Pawlow in this branch of study is given with sufficient detail to indicate its importance. The additions to our knowledge of gastric and intestinal digestion, and their influence upon each other, are presented to the reader in succinct form. The relation of appendicitis to remote and also general infections of the organism is noted. All that is most recent regarding affections of the liver and biliary passages is included in these pages. The paragraphs dealing with diseases of the pancreas are of decided interest both from physiological and clinical points of view. The two functionally diverse elements of the pancreas—those which supply the intestine with important digestive ferments and those which produce an internal secretion concerned in carbohydrate metabolism—are now more and more appreciated by both physiologists and pathologists. The surgical portion of this volume is under the care of Dr. Joseph C. Bloodgood, of Baltimore, and William T. Belfield, the latter dealing with genito-urinary diseases, a department with which he has long been specially connected. Under the subject of shock the original experiment of Dr. Crile is noticed. The experimental work of Harvey Cushing upon blood-pressure and its routine determination is noted. The sections upon fractures and tumors bring to the attention of the reader all that has been added to the fund of knowledge in regard to those important subjects. Dr. John Rose Bradford has collected the recent literature concerning diseases of the kidneys. The section upon physiology is under the care of Dr. Albert P. Brubaker, who has made this study the work of his life. Dr. Charles Harrington has prepared the section upon hygiene, and the volume closes with a practical therapeutic referendum by Dr. H. R. M. Landis.

Infant-feeding in its Relation to Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third Edition, Thoroughly Revised and Largely Rewritten. Containing 54 Illustrations, with 24 Charts and Tables, Mostly Original. 357 pages, 5 3/4 x 8 3/4 inches. Neatly bound in Extra Cloth. Price, $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This has been, and deservedly, a very successful book. The first edition met with instant favor, a second was soon called for, and now, after a brief interval, we have a third. The reasons for this reception are not far to seek. The book deals with an important and intensely practical subject. It is written in a helpful style. It describes those details which the general practitioner most wishes and needs to know in regard to artificial feeding, the best manner of modifying milk to suit the requirements of the infant. It contains a compact mass of information concerning different varieties of infant-foods, milk substitutes, aerated and certified milk, etc. It points out the principles for the treatment of the chief diseases of infancy produced by errors of diet.

In the present edition the general plan of arrangement has been retained, but it has been very largely revised and rewritten. The author has taken advantage of the opportunity to make many and important changes and additions. Some matter has also been omitted as being of lessened practical significance to-day, and the space thus gained has been devoted to topics of more immediate value. By this means several new chapters have been incorporated. The first part contains a new and instructive chapter upon buttermilk feeding in vogue in foundling asylums and which is now pushing its way forward. Readers will be interested likewise in a new chapter in the second part upon the milk idiosyncrasies of children. These peculiarities deserve attention and a knowledge of them will often be found of help in practice. In its present form, therefore, this work will be found eminently useful in exhibiting the latest, most approved, and successful modern methods of infant-feeding.

From first to last the object of the author has been to produce a guide to practice. He deals with vital matters and accordingly he aims to impress upon the reader the fundamental facts upon which he may base his advice to mothers and the care-takers of babes.

Diseases of the Eye. By L. Webster Fox, A.M., M.D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia; Ophthalmic Surgeon in the Medico-Chirurgical Hospital. With 5 Colored Plates and 296 Illustrations in the Text. New York and London: D. Appleton & Co., 1904.

Professor Fox has produced an interesting and instructive work—one which will be received with marked favor. In the first place its simple and direct style, the perspicuous language in which it is written, commend it to the reader. The author wastes no words. He proceeds at once to point out the chief, salient, and conspicuous signs and symptoms of ocular diseases. When these facts are mastered diagnosis becomes comparatively an easy matter. The chapters are arranged according to an excellent plan. They follow the order in which the structures are attacked in going from without inward, and by this sequence the student is led step by step from that which is most open to observation to those more deeply seated diseases which require the aid of the ophthalmoscope. We thus gradually approach—and by a natural order—diseases of the retina and optic nerve, the important subject of glaucoma, and diseases of the orbit. The general practitioner is often necessarily compelled to treat the more superficial affections of the visual apparatus, and therefore the earlier chapters will appeal to him with equal force as to the man who studies with a view to a specialty. Two other chapters are of particular interest to every physician or surgeon, viz., one upon the relation of ocular diseases to general maladies and one upon the pupil in health and disease. Finally the author takes up the consideration of refraction and disorders of the extra-ocular muscles.

The above brief sketch of the logical sequence of chapters and subjects is in itself no slight evidence of the worth of the book. When we state, furthermore, that in each chapter the characteristics of each disease or condition are described succinctly and always with direct reference to the subject of treatment, everyone may draw the immediate inference that this is a text-book extremely well adapted to impress the facts and principles of its subject upon the mind of the student. This means a successful book in every sense of the term.

The author has had an extended experience in teaching as well as in public and private practice. He tells us in his preface that this treatise is the outgrowth of his course of lectures to his classes. He has consequently had all the advantages which result from watching, year after year, the results of differing or modified methods in the instruction of students. Moreover, Professor Fox has ever been a diligent student and ingenious operator. This work, consequently, is not a mere repetition in other words of what has been said by preceding writers, but it is strong in that personal element which constitutes so much of the real value of any scientific treatise. This is apparent in the sections upon albuminuric and hæmorrhagic retinitis, in the description of lid operations, glaucoma and tumors of the orbit, in the chapter upon the use of x-rays in locating foreign bodies in the eye, and in the recognition of gold-blindness among dentists. The author is one who strongly realizes that the grand and chief aim of the physician and surgeon should be the treatment of disease. In correspondence with this conviction his work is strong in practical features. Not only are medical and surgical methods described with fidelity, but Professor Fox has himself devised numerous operative procedures and ingeniously combats any morbid condition with which he finds himself confronted. The volume is well planned and well executed. It cannot fail to be useful.

Surgical Diseases of the Abdomen, with Special Reference to Diagnosis. By Richard Douglas, M.D., Formerly Professor of Gynæcology and Abdominal Surgery in the Medical Department of Vanderbilt University, Nashville; ex-President of the Southern Surgical and Gynæcological Association; Fellow of the American Association of Obstetricians and Gynæcologists; Member of the British Gynæcological Association, etc. Illustrated by 20 Full-Page Plates. P. Blakiston's Sons & Co., Philadelphia.

Of the many good books published during the current year, the writer knows of none which reflects greater credit upon its scholarly author than the above. While Dr. Douglas has written with especial reference to diagnosis, and in doing so has produced a unique book, filling a long and much-felt want, what he has written upon the pathology and treatment of the various abdominal lesions is quite as satisfactory and abreast with the times, though disappointing in brevity, in some instances.

From the initial chapter, upon peritonitis, to the last, on ectopic pregnancy, one finds little to dissent from, as the most advanced views are set forth clearly, succinctly, and in a most judicial manner. In fact, the author, though giving evidence of a strong personality throughout his book, is at all times fair in his treatment of the statistics and opinions of those who differ from himself. It is impossible to give the several chapters the attention each deserves in a review. An earlier publication, by the author, on the spleen naturally leads one to expect the chapter upon that subject to be one of the best, which it is.

The chapters on ulcers of the stomach and duodenum are very good, and the differential diagnosis between the two affections clearly and vividly drawn. The diagram illustrating the painful and tender spots in ulcer is helpful. The subject of hæmorrhage and its treatment is hardly given the attention it deserves, and we have no doubt that a future edition will supply what is now partly wanting.

The chapter on cancer of the stomach is particularly good, but we would dissent from the statement that "cancer rarely follows upon a history of ulcer." Hauser estimates that at least 6 per cent. of all gastric ulcers degenerate into carcinomata, and others, notably Doyen, think that he understates the frequency with which degenerative changes occur. It would also have been more satisfactory had the merits of gastro-enterostomy and pylorectomy or partial gastrectomy been considered in detail. The opinion of the profession is rapidly crystallizing, if, indeed, it has not done so already, upon two points. First, that pylorectomy stands a fair chance to be followed by a permanent cure, which gastro-enterostomy does not. Secondly, that even in the uncured cases the more radical procedure is followed by greater betterment in every way, as the cases live practically twice as long as they do after gastro-enterostomy. They also enjoy better digestion, gain in weight, are free from pain for a long time, and in every way have their sense of well-being increased, which is less frequently the case after gastroenterostomy. As the mortality of the two procedures is practically the same, excision should be practiced, unless there are clear contra-indications, such as adhesions, metastases, etc.

We should insist upon early diagnosis of cancer of the stomach, and not wait *for a tumor to make the diagnosis manifest.* The presence of a tumor was thought by Czerny and Reindfleisch to be a contraindication to operation, but Douglas controverts this opinion and is undoubtedly correct in doing so. It is a good rule, but has many exceptions. We should keep ever before us what has been done in cancer of the breast, lip, penis, rectum, etc., by early and radical operations, and operate when cancer of the pylorus is *suspected,* but not sufficiently advanced to cause a palpable mass. Then, indeed, may the prediction of the immortal Billroth—who said when he introduced pylorectomy that it would prove to be an epoch-making operation—be fulfilled. By resorting to the so-called "lesser abdominal section" or exploratory laparotomy more frequently nothing but good should result, for, the diagnosis of malignant disease being confirmed, early pylorectomy or partial gastrectomy should be at once performed when there is more than a reasonable hope of permanent cure.

The chapter on appendicitis is one of the best in the book, and shows Dr. Douglas to be in sympathy with the practice of a vast majority of American surgeons. He neither operates upon every case of appendicitis nor removes the appendix in every case operated. All of his reasons for surgical intervention—early and late—are cogently and forcefully given.

The chapters on hepatic and subphrenic abscesses are excellent, the last being more complete than the chapters on this subject usually found in general or special works on surgery. Dr. Douglas, like nearly all others who have written upon this interesting and protean affection, attributes the majority of such cases to perforating gastric ulcer. While I accept this teaching as correct, it is interesting to know that Körte, of Berlin, who has operated on sixty cases,—many more than anyone else,—thinks differently and believes that a majority of cases of subphrenic abscess are secondary to appendicitis. This is difficult to believe, yet the views of so eminent a surgeon, with an experience so much greater than that of others, must be respected.

There is a good chapter on the rare abdominal herniæ, such as diaphragmatic, duodenal, pericæcal, into the foramen of Winslow, etc., but we fail to find anything upon either inguinal or femoral herniæ, which are of infinitely greater importance. This, we think, is a serious omission in such a pretentious volume, although limited to diseases of the abdomen. Everything about such herniæ, sac, and contents, is of abdominal origin.

The chapter on gunshot wounds of the abdomen is, we do not hesitate to say, much the best that we have seen in any work. So excellent is it in every respect that it should be in the library of every civil and military surgeon who may be called upon to treat this dangerous surgical emergency. Few men have had a wider experience in such injuries than Dr. Douglas, and his book is most opportune, combating, as it does, the do-nothing policy or so-called "masterly inactivity" advocated by modern military surgeons. Admitting, as we may, that the modern rifle-ball, of small caliber and great velocity, produces a wound which, on the battle-field, may be best treated expectantly, owing to environments, in civil practice every condition is different: the ball is larger, the wound almost necessarily septic, and the facilities for a timely and rightly done laparotomy are generally at hand. For the same reasons we believe that whether seen early or late such wounds are better drained.

The author is indebted to his publishers for a beautiful volume, of convenient size and mechanically attractive. The illustrations are well chosen, and in the next edition we hope to see more of them.—WILLIAM L. RODMAN, M.D.

The Practice of Obstetrics. Designed for the Use of Students and Practitioners of Medicine. By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College, etc. With 1221 Illustrations, many of which are printed in Colors. Philadelphia: P. Blakiston's Son & Co., 1903.

This is a *magnum opus*. The author has had an immense amount of material at his disposal, has been actively engaged for fifteen years in teaching his branch, has devised many original methods of studying and representing the manner during which the fœtal head engages and is molded, and has prepared a most excellent arrangement of his subject-matter. He saves space in the beginning of the work by dispensing with any detailed anatomical description, which finds its place throughout the work according to its different relationships. The work opens with a compact section upon the physiology and hygiene of the female reproductive system. In this section the most modern conceptions of the significance of pregnancy are laid before the reader. The second part deals with the physiology of pregnancy. In this part are described the phenomena produced by pregnancy in the uterus and in the maternal organism generally, the diagnosis, hygiene, and management of the pregnant woman.

The chapters upon the diagnosis and differential diagnosis of pregnancy and the examination of pregnancy are especially well executed. The author next proceeds to pathological pregnancy. Under this head are delineated the diseases by which the normal evolution of the fœtus is counteracted in various directions and to different degrees. In this part falls the account of the origin of monstrosities and of the diseases by which the fœtus itself may be afflicted. All these important topics are lucidly expounded. The numerous diseases which may occur during pregnancy or by which the course and termination of pregnancy may be influenced are portrayed with skill and accuracy. From the nature of the subjects to which it is devoted this is one of the most valuable portions of the work. The stages, mechanism, and management of physiological labor are detailed in a masterly style. The author points out that by management is not meant interference, but watchful observation. It is not too much to say that in normal cases the object of the *accoucheur* is to find out not how much, but how little, interference is justifiable. Nevertheless, he warns the reader against adhering too closely to the dictum that there shall be no interference without a positive indication, inasmuch as what apparently begin as the simplest labors will often demand active interference on the part of the attendant. The causes of dystocia on the part of the fœtus or the mother are ably described and the manner of managing the faulty presentations is detailed with great care. After delivery has been safely accomplished, whether the pregnancy and the labor have been physiological or pathological, the author proceeds to discuss the physiological and the pathological puerperium, the physiology and the pathology of the newly born. The closing part of the volume is dedicated to obstetric surgery. This part includes those operations which are preparatory to delivery and those for delivery. The author insists on the value of the maxim, *primum non nocere*. He shows the importance of knowing when to intervene and when to wait. One unnecessary preliminary operation may lead to a long train of misfortunes. "The student cannot have too often repeated to him the statement that obstetric operations of any kind should be undertaken only in the presence of a positive indication; that even what are apparently innocent operative procedures in obstetrics may terminate in tragedies." This wisely conservative tone pervades the whole book. The student who faithfully studies its pages, the practitioner who takes it as a guide, cannot fail to become a good obstetrician. And the more competent the obstetrician, the less work for the gynæcologist. In conclusion, the author urges the importance of starting some method of history-taking, and from his own experience recommends the card system as being the most satisfactory. This work is based upon the histories and statistics of 2200 confinement cases, the bound histories of which have been presented to the New York Academy of Medicine and are there available for inspection. The numerous illustrations, many of which are new, are executed in the most admirable style of art, are of conspicuous value in themselves alone, and cannot fail to add much to the satisfaction of the reader. The work is provided with a copious index.

Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States for the Fiscal Year 1900. Washington: Government Printing Office.

In addition to the miscellaneous information concerning the status of the service, these annual reports always contain much interesting matter in the form of reports by specially detailed officers as well as records of interesting cases which have occurred in the hospital service. In the present volume, for instance, we find a report by P. H. Bailhache on the fifty-first annual meeting of the American Medical

Association; by W. P. McIntosh on the meeting of the Alabama State Medical Society; together with a number of specially contributed articles by officers of the service relative to important cases which had occurred within the field of their duty. The work of inspection of foreign ports and immigrants is also described in the reports of the respective officers. In fact, a large mass of important material is contained in the pages of this volume.

A Text-book of Clinical Anatomy. For Students and Practitioners. By Daniel N. Eisendrath, A.B., M.D., Clinical Professor of Anatomy in the Medical Department of the University of Illinois (College of Physicians and Surgeons); Attending Surgeon to the Cook County Hospital, Chicago, etc. Handsome Octavo of 515 Pages, Beautifully Illustrated with 153 Illustrations, a Number in Colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $5.00; Sheep or Half-morocco, $6.00, net.

We have in this book an excellent treatise on applied anatomy. The author's purpose, which he has very successfully carried out, is to render regional or topographical anatomy so clear to the student that it will prove a serviceable guide in actual practice of medicine no less than of surgery. For, as we all know, it is by no means the surgeon alone who is interested in locating the structures beneath the skin and ascertaining their variations from the normal situation or size. This knowledge constitutes what he calls clinical anatomy, and is a most valuable branch of knowledge in regard to diagnosis. The book teaches the daily application of descriptive anatomy as it is taught in college to the demands of the sick room or the operating table. The author follows a systematic plan throughout the work, going over the landmarks and principal points of the head, face, trunk, and extremities. In this manner the student is taught the relative position of the subcutaneous structures, and this is the real knowledge as utilized by the medical man. It is to little purpose for one to be able to recite lists of arterial branches, the origin and distribution of nerve-stems, the outline and individual anatomy of organs, if he is not practically familiar with their relative situation in regard to other parts. This is the valuable lesson taught in the present work.

Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States for the Fiscal Year 1901. Washington: Government Printing Office.

The outline features of this volume are the same as those of that reviewed in a preceding column. This contains reports upon the meeting of the Association of Military Surgeons and the American Medical Association, by Surgeon G. T. Vaughan; on the Thirteenth International Congress of Medicine, by Passed Assistant Surgeon M. J. Rosenau; on the Tenth International Congress of Hygiene, by Passed Assistant Surgeon M. J. Rosenau; and on the twenty-eighth annual meeting of the American Public Health Association. There are a number of interesting special contributions.

Psychic Life and Laws, or the Operations and Phenomena of the Spiritual Element in Man. By Charles Oliver Sahler, M.D. Fowler & Wells Company, London, New York, and Melbourne.

The intellect is the highest expression of nervous energy. It has been studied from various points of view for ages by every civilized generation. The pure philosophers have speculated from the subjective side. Physiologists have approached it from the objective sphere. Many valuable conceptions have emanated from each school. Physicians experience the fact that although immaterial mind is closely dependent upon living organized structure, yet it has a powerful reaction upon matter.

Daily practice teaches this truth. In later years the phenomena of suggestion have been studied in a scientific manner. It has been found that certain morbid conditions are amenable to the influence of suggestive therapeutics. Of such interesting topics Dr. Sahler has written in this book. The mind, the soul, faith, suggestive therapeutics, and allied subjects receive much attention befitting their importance.

CURRENT MEDICAL LITERATURE.

◆

Freshmen Notes for the Physiological Laboratory of the Medico-Chirurgical College of Philadelphia. 1903.

Proceedings of the Philadelphia County Medical Society, March-November, 1903.

Faculté de Médecine de Bordeaux. Travaux de la Clinique des Maladies du Larynx, des Oreilles et du Nez. Du Dr. E. J. Moure, Chargé du cours de Laryngologie, d'Otologie, et de Rhinologie, Officier de l'Instruction publique. Le Coryza Atrophique. Est-il une Affection Autonome? Diagnostic et Traitement. Par le Dr. E. J. Moure.

Eighty-sixth Annual Report, 1903, Friends' Asylum for the Insane, Frankford, Philadelphia.

The Woman's Medical College of Pennsylvania. Catalogue and Fifty-fourth Annual Announcement.

Fiftieth Annual Report, Pennsylvania Training-school for Feeble-minded Children, Elwyn, Delaware County.

An Address Delivered by United States Senator George F. Hoar. Thomas Jefferson Memorial Association, Washington, D. C.

The Pennsylvania Society for the Prevention of Tuberculosis. Report for the Year Ending May 1, 1903.

Suggestions to Patients Leaving the Tuberculosis Infirmary of the Metropolitan Hospital. Adopted by the Commissioner of Public Charities.

The Lycoming County Medical Society Transactions, 1902.

Transactions of the Medical Society of Delaware, 1902.

Twenty-fifth Annual Report, Sunday Breakfast Association, Philadelphia.

Annual Report of the Frederick Douglass Memorial Hospital and Training-school, Philadelphia.

Diagnosis of Hypertrophy and Dilatation of the Heart. By Samuel Wolfe, A.M., M.D., Professor of Theory and Practice of Medicine and Clinical Medicine, Medical Department of Temple College; Physician to the Samaritan Hospital, Philadelphia.

The Denver and Gross College of Medicine, Medical Department of the University of Denver, Twenty-third Annual Announcement.

Seventy-ninth Annual Announcement, Jefferson Medical College of Philadelphia and its Hospital.

One Hundred and Fifty-second Annual Report of the Pennsylvania Hospital.

Twenty-second Annual Catalogue, Woman's Medical College of Baltimore.

Twenty-second Annual Announcement, New York Post-graduate Medical School and Hospital, University of the State of New York.

Collective Investigation Concerning the Value of Silver-nitrate Injections in the Treatment of Pulmonary Consumption. By Thomas J. Mays, A.M., M.D., Philadelphia.

Digestive Disorders in Consumption. By Paul Paquin, M.D., Asheville, N. C.

Was it Wise for the American Medical Association to Change its Code of Ethics? By D. W. Cathell, M.D., of Baltimore.

Mechanical Vibration as a Physical Agent in the Treatment of Disease. By Frederic H. Morse, M.D., Melrose, Mass.

The Proper Recognition of Electrotherapeutics. By A. R. Rainear, A.M., M.D., Philadelphia.

Clay Paste. By J. Frank Wallis, M.D., Philadelphia.

Illustrations of Mixed Infections in Pulmonary Phthisis, with Notes on Comparative Treatments. By Paul Paquin, M.D., Asheville, N. C.

Observations upon a Collection of Anthropoid Apes Presented by Dr. Thomas Biddle to the Academy of Natural Sciences, of Philadelphia, November 3, 1903. By Henry C. Chapman, M.D., Professor of Institutes of Medicine in the Jefferson Medical College.

Methods of Keeping Case-records in Private Practice. By Frederick A. Packard, M.D.; J. P. Crozer Griffith, M.D.; Judson Daland, M.D.; J. K. Mitchell, M.D.; John H. Musser, M.D.; and Alfred Stengel, M.D.

The Structural Characteristics of the Calcified Dental Tissues as Related to the Question of So-Called "Hard" and "Soft" Teeth. By Edward C. Kirk, D.D.S., Sc.D., Philadelphia.

Double Extra-uterine Pregnancy. By Swithin Chandler, M.D., Philadelphia.

Public Health Reports. Nos. 23-49, 1903.

Ureter-catheterism: its Purposes and Practicability. With the Presentation of a Ureter-cystoscope for Male and Female. By Bransford Lewis, M.D., St. Louis.

Technique for the Use of the Laws Pneumatic Procto-sigmoidoscope. By William V. Laws, M.D., Philadelphia.

Technique of the Swinburne Posterior Urethroscope. By George K. Swinburne, M.D., New York.

Observations upon Leprosy Occurring in Japan, Iceland, and Norway. By Judson Daland, M.D., Philadelphia.

The Elevation of the Stomach in Gastroptosis by the Surgical Plication of the Gastro-hepatic and Gastro-phrenic Ligaments; an Original Operation. By Henry D. Beyea, M.D.

The Technic of the Operation of Celiotomy as Practiced at the Gynecean Hospital, with the Report of 93 Consecutive Celiotomies without a Death. By Henry D. Beyea, M.D., Philadelphia.

Courts-martial in the Philippines. Speech of Hon. E. W. Carmack, of Tennessee, in the Senate of the United States, February 9, 1903.

Aneurism of the Heart, with Thrombosis of the Left Coronary Artery. By Judson Daland, M.D., Philadelphia.

The Rest Treatment: when Indicated and how Conducted. By J. Madison Taylor, A.M., M.D., Philadelphia.

Neurasthenia in Children. By J. Madison Taylor, A.B., M.D., Philadelphia.

Remarks on the Treatment of the Visceral Ptoses. By J. Madison Taylor, M.D., Philadelphia.

Tortuosity of the Aorta. By Joseph Sailer, M.D., and G. E. Pfahler, M.D., Philadelphia.

Notes on X-ray Treatment of Cancer, with Report of Cases. G. E. Pfahler, M.D., Philadelphia.

The Present Status of the Treatment of Superficial Carcinoma and Tuberculosis by Means of the X-rays. By William L. Rodman, M.D., and G. E. Pfahler, M.D.

What Ought We to Expect from Cardiac Drugs in Heart-weakness? By O. T. Osborne, M.A., M.D., New Haven, Conn.

Iodothyrin and Glycosuria. By Isaac Ott, M.D., and S. B. Harris, M.D., Physiological Laboratory, Medico-Chirurgical College.

Four Deciduous Teeth, Extracted by an Injury, Replaced and Retained in a Healthy Condition. By Samuel E. Earp, M.S., M.D., Indianapolis.

A Study of the Degenerations and Complications of Fibroid Tumors of the Uterus from the Standpoint of the Treatment of These Growths. By Charles P. Noble, M.D., Philadelphia.

The Significance of the Temperature in the Diagnosis of Extra-uterine Pregnancy during the Period of Collapse from Hemorrhage. By Charles P. Noble, M.D., Philadelphia.

The Local Treatment of Acute and Chronic Gonorrhœa. By R. O. Kevin, M.D., Philadelphia.

Exhibition of a Specimen of Abdominal Pregnancy Removed at the End of Twenty-one Months by Cœliotomy. By Charles P. Noble, M.D., Philadelphia.

The Treatment of Suppurating Hæmatocele Due to Extra-uterine Pregnancy. By George Erety Shoemaker, M.D., Philadelphia.

Uterine Fibroma Near the Menopause. By George Erety Shoemaker, M.D., Philadelphia.

Management of Malignant Disease of the Uterus. By George Erety Shoemaker, M.D., Philadelphia.

Bulletin of Syracuse University, August, 1903.

The Choice of Technic in Operating upon Prostatic Obstruction. By Charles H. Chetwood, M.D., New York.

Some Phases of Gall-stone Disease, with Special Reference to Diagnosis and Treatment. By D. D. Stewart, M.D., Philadelphia.

Proceedings and Addresses of the Sixth General Conference of the Health Officials in Michigan, Ann Arbor, Michigan, January 15 and 16, 1903. Under the Auspices of the State Board of Health.

Dangerous Communicable Diseases. How Spread, How Restricted and Prevented. Michigan State Board of Health.

Sixth Report of the Committee of Inspection Appointed by the Executive Committee of the Post-graduate Medical School to Review the Experiments of Dr. John F. Russell in the Treatment of Pulmonary Tuberculosis at the Post-graduate Hospital, New York, July, 1903.

Regulations for the Sale of Viruses, Serums, Toxins, and Analogous Products in the District of Columbia, etc. United States Public Health and Marine-Hospital Service. 1903.

The Wellcome Physiological Research Laboratories.

The Physiological Action of Adrenalin Chloride. By Isaac Ott, M.D., and S. B. Harris, M.D.

The Treatment of Malaria. By Judson Daland, M.D., Philadelphia.

Ménière's Disease, with Report of a Case. By James M. Brown, M.D., and Judson Daland, M.D., Philadelphia.

The Use of the Electrothermic Angiotribe in Lieu of the Employment of Ligatures in the Open Operation for the Relief of Varicocele. By Orville Horwitz, B.S, M.D., Philadelphia.

An Inquiry into the Value of the Irrigation Method as a Means of Aborting and Treating Acute Specific Urethritis. By Orville Horwitz, B.S., M.D., Philadelphia.

Rangeley Lakes Resorts. Issued by the Rumford Falls Line.

Report of a Case of Tumor of the Brain Symptomatically Relieved by Exploratory Operation Upon the Skull. By William Broaddus Pritchard, M.D., and John A. Wyeth, M.D., New York.

Nervous Diseases and Psychoses following the Grippe. By William Broaddus Pritchard, M.D., New York.

Hypnotism and Hysteria. By William Broaddus Pritchard, M.D., New York.

Diagnostic and Prognostic Data in Nervous and Mental Diseases. By William Broaddus Pritchard, M.D., New York.

The Dry Method in Surgery. By Edwin Walker, M.D., Ph.D., Evansville, Ind.

Galvanism as a Remedy for Uterine Hemorrhage. By Edwin Walker, M.D., Ph.D., Evansville, Ind.

Stricture of the Esophagus. By Edwin Walker, M.D., Evansville, Ind.

Bilharzia Hæmatobia. By Edwin Walker, M.D., Ph.D., Evansville, Ind.

Some Experiences with the X-ray as a Therapeutic Agent. By Edwin Walker, M.D., Ph.D., Evansville, Ind.

Relation of Physicians to Mortality Statistics. The International Classification of Causes of Death as Adopted by the United States Census Office and Approved by the American Public Health Association. United States Census Office.

COMMERCIAL NEWS.

An Explanation that Explains.

There is a text-book in America the contents of which were written by the foremost authorities on children's diseases. This book is to the specialist in children's diseases what Blackstone is to the lawyer; it contains those principles which form the very foundation stone of the science. It is called the "American Text-book of Children's Diseases," and is edited by Dr. Louis Starr. This authority, in speaking of malnutrition and emaciation in children, makes the statement that "the child wastes because it is starved," and this in spite of the fact that food is supplied in abundant quantities. Artificial foods of all kinds furnish little or no help; cod-liver-oil causes rebellion in a stomach already enfeebled and sensitive.

There is one remedy, however, that brings order out of this chaotic condition —enfeebled digestion, malassimilation, tissue-waste — and causes an improvement from the start; this remedy is Gray's Glycerine Tonic Compound. In the first place, the child likes it, it is so pleasant to the taste—there is no necessity of strangling the child or forcing the remedy down its throat, as is the case with most medicines. As soon as Gray's Tonic enters the stomach it institutes the process which is universally acknowledged to be its exclusive function, and which is necessary to overcome malnutrition: *i.e.*, it rekindles the normal nutritive processes by restoring the abrogated digestive and assimilative functions, so that food—the natural reconstructive of tissue and vitality — is digested, assimilated, and utilized. Even in marasmus, malnutrition of the worst type, Gray's Tonic causes a rapid and surprising revolution: the child takes nourishment. That its system uses the nourishment is shown by the manner in which the pallor of the cheek is gradually replaced by a ruddy glow. That the bones are less prominent is because they are covered with flesh. The grave intestinal and nervous symptoms gradually become less pronounced and finally disappear. Gray's Glycerine Tonic is confidently relied upon by thousands of leading American physicians as a routine remedy in the treatment of diseases of children: in rickets, marasmus, scrofula, tuberculosis of the glands, inherited syphilis, and gastro-intestinal affections. It fulfills the ever-present indication for effective tonic treatment of the acute infectious diseases — in diphtheria, scarlet fever, whooping-cough, measles, and chicken-pox. In convalescence from these diseases it effects speedy reconstruction and does it pleasantly, surely, and scientifically. The dose is $^1/_2$ to 1 teaspoonful four times daily in water.

Puerperal Sepsis.

J. Clifton Edgar, M.D., recently read a paper of especial value before the New York Academy of Medicine, which illustrates the need of prophylactic measures in these cases. He said that endometritis was the most common lesion in cases of puerperal sepsis and named two principal varieties: septic and putrid. He showed that frequently the process started from a vaginitis. With regard to prophylaxis the speaker urged the necessity of great personal cleanliness on the part of both physician and nurse, with special precaution on the limitation of internal examination. With proper asepsis before, during, and after parturition the danger of endometritis is minimized. In this connection we would mention the value of Glyco-thymoline for irrigation purposes in these cases. This preparation, while strongly antiseptic, is nontoxic and nonirritating, and its action checks reabsorption of ptomaines and produces a degree of sepsis that is unsuitable for the further propagation of pathogenic bacteria.

Bearing on this subject T. R. Maxfield, of Brooklyn, N. Y., states: "Have been

(Continued on Advertising Page 18)

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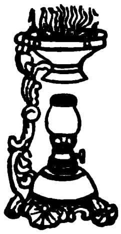

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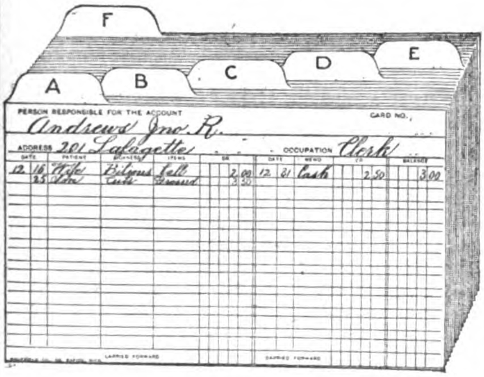

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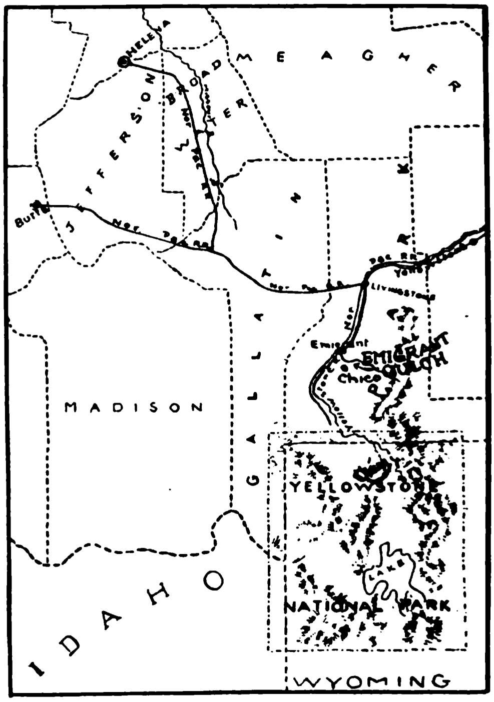

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VOL. XXVI. PHILADELPHIA, APRIL, 1904. No. 4.

Clinical Lecture.

HÆMORRHOIDS—CIRRHOSIS OF THE LIVER.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,
Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

CASE I. HÆMORRHOIDS.

GENTLEMEN: This man, 44 years of age, has been afflicted with hæmorrhoids ever since his eighteenth year. He knows nothing concerning their origin. When he first noticed the disease he was leading a gay life of youth, often out late at night, although he did not use liquor. The tumors have always caused considerable pain. Sometimes, in fact, the pain has been intense. After the act of defecation he experiences much tenesmus. He is often much distressed by itching of the anal region. The patient's tongue is coated, his liver is enlarged, and the bowels are distended with gas.

Such is the history which the patient gives and which is repeated with but little variation by the hosts of victims of this extremely common disorder. Nevertheless, I must caution you against accepting a ready-made diagnosis from the patient. Make it an inflexible rule always to examine the patient yourself and form your own opinion from a thorough inspection of the parts. This I have already done, but will repeat the examination in your presence. Most affections of the anus are called "piles" by the laity. However, this individual's statement is perfectly correct. He has both external and internal hæmorrhoids. There are several swellings both outside and inside the sphincter.

The examination is made both by ocular inspection and digital exploration of the rectum. Hæmorrhoids are of two varieties, which differ in position and character. The external hæmorrhoid, situated below the sphincter ani, consists of an extravasation, or clot, from some of the veins belonging to the external hæmorrhoidal system and ramifying around the verge of the anus. On account of its pathology the elder Professor Gross was wont to style it "apoplexy of the anus." An internal hæmorrhoid is a dilatation or varicosity of the middle or internal hæmorrhoidal veins above the sphincter ani. Consequently, in an early stage and when they have not protruded beyond the sphincter, it is not always easy to detect the existence of internal hæmorrhoids. Some internal hæmorrhoids include capillaries as well as veins, and this form is particularly liable to bleed. If the finger in the anus fails to give us precise information we may call the rectal speculum into requisition.

An external hæmorrhoid, when it comes under the observation of the physician, is a swelling with a bluish-black color. It occasions much pain, generally of an aching character. In the absence of treatment spontaneous recovery may take place by absorption of the clot or, on the contrary, suppuration may occur with formation of an abscess.

---

[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

Internal hæmorrhoids produce a sense of discomfort, or even intense pain in the rectum. I well remember the case of a man whom I saw several years ago and who suffered so much that he was unable to sleep and lost many pounds in weight. There may be pain in the lumbar region, groin, thighs, and various reflex nervous symptoms. The two principal signs, however, are protrusion and hæmorrhage. Protrusion is caused especially by straining at stool. Ordinarily the patient is able to return the tumors to their place above the sphincter, but in some instances the grasp of the muscular ring is so firm that they resist such attempts and require the care of the physician. In extreme cases the constriction is sufficient to occasion sloughing or gangrene.

Hæmorrhoids, of both varieties, are rare in children and young people. In the patient before us the inception of the difficulty was unusually early. The disease is, for the most part, either directly or indirectly the consequence of modern and artificial modes of life. The lesions represent some impediment to the circulation, but that obstacle has commonly been caused by faulty habits of life. In women the pregnant uterus will occasion hæmorrhoids, but in men we generally obtain a history of chronic constipation, straining at stool, and indigestion. Disease of the urethra, prostate, or bladder may give rise to piles. The delayed blood-current first occasions dilatation and subsequently varicosity of rectal vessels, with weakening of their walls. Eventually there is rupture. Below the sphincter the blood escapes into cellular tissue and coagulates. Above the muscular band there is a free exit into the bowel. This, in a few words, is the pathogenesis of hæmorrhoids.

Piles are ranked among surgical affections because many cases are allowed to progress until they require some form of surgical treatment. It is obvious, however, that, although an operation is capable of removing the clot or the tumor, yet it by no means abolishes the original cause of the disease. Therefore, under these circumstances, sooner or later the hæmorrhoids will return. For this reason, and also because there are large numbers of people who have so much dread of surgical procedures that they cannot submit to an operation, we are often obliged to treat these cases by medical means. You will hear from your teachers of surgery all about their methods of attack. My remarks to-day shall be confined to medical measures which we have at our command. In so far as the nature of the cause allows successful treatment, medical methods afford more promise than surgery. We must, in every instance, endeavor to discover the condition which has led to the formation of the hæmorrhoids and direct our efforts toward its suppression. If we can succeed in accomplishing this desirable object we will cure our patients.

The diet and habits of the patient must be regulated. The food should be plain, nutritious, but not of a stimulating character. Alcoholic drinks must be prohibited. An important object is to produce healthy functional activity of the liver and the glands of the alimentary canal. The bowels must be regulated. A sedentary mode of life must be avoided. Constant sitting in a chair is, in fact, a co-operating cause in the production of hæmorrhoids. The function of the liver is promoted by a sufficiency of outdoor physical exercise and the administration of such mild cathartics as secure regular daily alvine movements without any irritation of the lower bowel. Straining at stool causes protrusion of the mass, with pain and perhaps bleeding, or even strangulation. The use of laxative stewed fruits, such as apples and prunes, is of service in causing gentle and regular evacuations. Among laxative drugs we employ rhubarb, a mild mercurial, sulphur, etc. Coffee and strong tea should be prohibited. A good practice is for the patient, after stool, to bathe the recto-anal region freely with cold water or inject water into the bowel. The water may, if deemed advisable, be medicated with some mild astringent, of which hamamelis is one of the best.

It is along these lines that the present patient has been treated. General instructions concerning his mode of life were given him, and, as his disease had originated in functional inactivity of the liver, he was given four times a day a capsule containing:—

℞ Sulphuris præcipitat., gr. iij.
Salolis, gr. ij.
M. et ft. capsul. no. j.

Sulphur is an alterative, a mild laxative, and in small doses a tonic to the mucous membrane of the gastro-intestinal tract and to the hepatic cells.

Instead of the salol which was employed in this case we might serviceably make use of hamamelis. This drug has a most excellent effect in constricting the weakened, dilated, and varicose hæmorrhoidal vessels. It imparts tone to their walls. Another efficacious remedy in such cases is geranium.

Local applications are by no means to be despised. Sedative and astringent lotions, ointments, or suppositories are capable of relieving pain and reducing the size of the tumors. In the present instance the following ointment was ordered:—

℞ Sulphuris sublimati, ʒss.
Camphoræ, gr. x.
Acidi carbolici, gr. x.
Chloralis hydratis, gr. x.
Unguent. aquæ rosæ, ℥ss.
M. et ft. ungt.

Under this treatment the man has steadily improved. Objectively the condition is much better than it was at the beginning of the treatment, and the sensations from which he suffered are decidedly ameliorated.

The ointment is a good sedative and antipruritic combination.

Case II. Cirrhosis of the Liver.

I have spoken of the effect of disease of the liver on the rectal circulation and it fortunately happens that I am able in this connection to bring before you an instructive case. This man, 43 years of age, was admitted five or six weeks ago with the following history: Until a few months previously he had seemed in good health. During the summer of 1903 he had dyspnœa and cough and vomited his food. He also suffered from diarrhœa. Six weeks before admission all the symptoms became aggravated. The man has led a dissipated life and carried all his habits to excess. For a number of years he was in the liquor business. When he entered the hospital he vomited frequently, was weak, and had insomnia. He had also lost flesh. His urine contained a slight trace of albumin, but no casts were found. Both the diazo and the Widal reactions were positive. The conjunctivæ were dark, with injected capillaries, and the complexion was dusky. His nose exhibited the second stage of rosacea, which radiated also to the cheek. The tongue was coated at the tip and its papillæ were enlarged, denoting an irritable condition of the alimentary canal. There was no œdema, but both the liver and the kidneys were enlarged. The patient began the habit of drinking liquor at the age of 20 years. The heart-sounds were muffled.

The history of excessive drinking, kept up for many years, the increased volume of liver and kidneys, the digestive embarrassment, the existence of rosacea, marked this man as the subject of chronic alcoholism, the victim of his intemperate habits. It will become necessary to study the form which this chronic intoxication has assumed and the organic lesions which it has produced.

Before taking up that aspect of the case, however, I must mention the interesting fact that upon entrance the man had spots upon the abdomen. You have heard me speak of the positive diazo and Widal reactions which we obtained. The man, in fact, was already in the early stage of typhoid fever and has gone through a mild course of that disease while in the ward.

The gastro-intestinal difficulties, which had antedated the occurrence of typhoid fever, the enlargement of the liver and its hardness, together with a similar condition of the kidneys, the small proportion of albumin in the urine, are evidence that in this case we are dealing with alcoholic cirrhosis. You will remember that in most cases of this disease the liver is contracted by the shrinkage of the fibrous tissue. In this instance there is, with increased density, increased volume, but if the patient's life is long enough continued there will undoubtedly be contraction. The ultimate stage gives rise to symptoms due to obstruction of the circulation, particularly in the portal system. Hæmorrhoids are produced and sometimes hæmorrhage from the bowel. Hæmatemesis is an occasional manifestation. The principal feature dependent upon contraction of the liver is abdominal dropsy, hydroperitoneum, or ascites. This stage has not been reached in the present case. I need not, therefore, to-day say much in regard to a condition which has not as yet occurred. The treatment of ascites is largely by means of hydragogue cathartics and, as an ultimate recourse, tapping. Such measures are obviously symptomatic. They cannot remove hyperplastic fibrous tissue; they can only temporarily obviate its effects.

In the earlier history of a case—in such, for example, as that before us—the treatment is far from satisfactory. In the large majority of instances the disease is due to long-continued abuse of spirituous liquors. Alcoholic cirrhosis is one of the many forms of chronic alcoholism. It is not infrequently accompanied, as in the case before us, by cirrhosis of the kidneys. Changes of the same nature may occur in the spinal cord or brain. I have known the disease to occur in women as the outcome of taking advertised patent medicines. Many of these preparations contain a large proportion of alcohol. From their use a person may unconsciously acquire a taste for alcohol and may be led to the habitual use of spirituous liquor. Many pitiable wrecks have been produced by just such a course: first, dependence upon alcoholic nostrums; at length, constant tippling with whisky. In the progress of such a malady a patient is liable to many accidents. The blood becomes poor in red corpuscles. A chill may bring on an attack of alcoholic pneumonia, and this is generally fatal.

The patient now in our presence was, upon his entrance, placed upon a milk diet with sufficient lime-water and bismuth to control nausea. He was allowed a small quantity of brandy every day, with the addition of tincture of capsicum to each dose. All the cells of all the organs have become so habituated to the stimulus of alcohol that they will scarcely act in its absence. Capsicum is likewise a stimulant to the nervous system and is an antagonist to alcohol. After the status of the stomach had improved the man was given 2 minims of creosote three times a day. Milk does not agree with every patient, and we may endeavor to replace it by animal broths. On the other hand, the latter may give rise to diarrhœa, and this is an evil which we must overcome, as it adds to the debility inherent in the disease. Mutton broth is often better than that made from beef or chicken. Sago and tapioca will sometimes answer a useful purpose. Creosote stimulates the cells of the liver and nervous system, acts on the glandular tissues, and is a diuretic and antiseptic.

During the attack of typhoid fever the urine, acid and of average specific gravity, contained a little albumin, with urates, phosphates, and oxalates, but no sugar. In the beginning he was given 2 grains of calomel, in $^1/_2$-grain doses every hour, in order to clear out the intestinal canal, increase the flow of bile, and exert an antiseptic influence upon the bowel. This was followed by magnesium sulphate for the purpose of promoting purgation. He was then placed upon hydrochloric acid with pepsin. To allay the nausea a mustard plaster was applied to the abdomen, and lime-water was given in iced water or milk. Mustard-water may be used for the same purpose or the stomach may be washed out. If the stomach is empty and vomiting persists, one of the best remedies at our command is iced champagne, a small glass being half-filled with cracked ice, champagne poured in, and a teaspoonful taken every five minutes.

The patient suffered from flatulence with greatly distended abdomen, and as this condition aggravated the nausea he was given salol with bismuth subnitrate and a small dose of ipecacuanha—$^1/_3$ grain. Salol is not advisable when the nausea is prominent, especially in children. In minute doses ipecacuanha allays nausea. The combination was of effectual service. He was then given dilute hydrochloric acid for a few days and this remedy cleaned the tongue. As he had a cough with expectoration, beechwood creosote was also administered. A syrupy cough mixture would have been inadvisable, as it would have disturbed the stomach. Furthermore, the cough had been in existence for weeks, and when this is the case creosote, balsams, and turpentine are preferable. We began with 2 minims at a dose. If that amount disagrees it should be diminished by one-half, and if that quantity is not well tolerated it can still be decreased to one-fourth. In this particular instance the remedy was well borne and we were able to increase the quantity gradually until 15 minims were taken in hot water or hot milk. At the present time the cough is much better and the sputum much less. The man is now back upon the mixture of spirits and capsicum, and shall be directed to continue with this for a month. He is to-day better than he has been for years. On account of the albuminuria he was restricted to a milk diet, but, as this soon disagreed with him, lime-water was added. At a later date he was allowed eggs, chicken, rice pudding, and soup. The disease of the liver was combated by means of tincture of nux vomica and fluid extract of hydrastis, of which from 10 to 15 drops were taken three times a day. This mixture is especially serviceable after hydrochloric acid has been used for a time. It benefits both the stomach and the liver. Nux vomica augments the gastric secretion and heightens the nervous tone of the organ. Hydrastis is an hepatic stimulant. The patient's insomnia was relieved by means of paraldehyde.

The man also has secondary anæmia. The proportion of red corpuscles and hæmoglobin is decreased. For this reason 5 grains of massa ferri carbonatis were given daily.

Original Communications.

INTESTINAL PERISTALSIS IN ITS NERVOUS RELATIONS.[1]

By Isaac Ott, M.D.,

Professor of Physiology in the Medico-Chirurgical College of Philadelphia.

It was first shown[2] in the laboratory of this college that adrenal extract temporarily arrested the intestinal movements. This fact has been confirmed by numerous observers. It was also first demonstrated in the same laboratory that splenic extract excited intestinal peristalsis. There are two kinds of movement in the intestines—the vermicular and the pendulumlike. The latter consists of a swaying to and fro of a loop of the intestine.

The action of the vagus and splanchnic nerves on peristaltic movements of the intestine are still in a state of uncertainty and controversy. As to the vagus, Budge, Ludwig, Kuppfer, and Englemann believe it to be a motor nerve for the movements of the intestine, while von Braam Houckgeest holds that it has no direct action on the intestine. Jacobi thinks the vagus is a motor nerve and that its action is best shown when the splanchnics have previously been cut.

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[1] Contribution from the physiological laboratory of the Medico-Chirurgical College.

[2] Medical Bulletin, 1897.

Dr. Starling believes the vagus contains both motor and inhibitory fibers acting upon peristalsis. He divided the splanchnics first and then gave atropine to paralyze the cardio-inhibitory fibers of the vagus. With this state of affairs he irritated the peripheral end of the vagus and found that the irritation caused an inhibition of intestinal movements by the dropping of one or two beats and then an augmentation of the contractions, which gradually develops after the lapse of ten to thirty seconds.

Dr. J. Winkler,[1] in the laboratory of von Basch, has published a series of studies on intestinal peristalsis. He found that the vagus called out active peristalsis, but after the injection of 1 gram of 0.1-per-cent. solution of atropine by the vein that the vagus irritation was without effect, although the splanchnics still inhibited the movements when they were irritated. If he gave 5 grams of a 2-per-cent. solution of morphine, then irritation of the splanchnics fails to arrest intestinal activity. In a few cases he found atropine to abolish the action of both the vagus and splanchnics. The method of cutting out the cardio-inhibitory fibers of the vagus by atropine is one not to be recommended, according to Winkler's experiment upon the intestines with the vagus. It is evident that in atropine we have a drug which will confuse the results obtained by vagus irritation. Arrest of the heart produces an anæmia of the intestines sufficient to slow the intestinal movements.

The method I employed was to cut the right vagus in the rabbit, sew up the wound, and let the animal live. On the fifth day the wound was reopened and the peripheral end of the vagus irritated. It was found that on the fifth day the cardio-inhibitory fibers had degenerated and vagus irritation had no effect on the heart.

During the irritation of the vagus I studied the pendulum movements. I selected the pendular movements because they are more marked and it is easier to note any change therein. Starling has observed that the pendular movements are not affected by irritation of the nerves. The intestines were laid bare in etherized animals in a warm room (usually 95° F.) and covered with cloths saturated with warm normal saline. Now, under these conditions it was found that peripheral irritation of the vagus produced a slowing and in some cases an arrest of the movement of the intestines for half a minute. In a few instances the movements were increased after irritation of the vagus.

Starling's results were not made by this new method, and consequently he could not obtain results by his atropine method in the study of the pendular movements.

By the method which I have used it can be proved that the vagus contains intestino-inhibitory fibers. These results were obtained by experiments upon fifteen rabbits.

REPORT OF A CASE OF OVARIAN CYSTOMA.

By John A. McGlinn, M.D.,
Assistant Gynæcologist to the Medico-Chirurgical Hospital of Philadelphia.

The following case, which occurred in the service of Dr. W. Easterly Ashton, presents some points of peculiar interest.

History.—Mrs. I. H. W. was admitted to the hospital on the 17th of February and gave the following history:—

Eight months ago she noticed an enlargement in the lower abdomen, situated principally on the left side and associated with amenorrhœa and the early subjective signs of pregnancy. She consulted a physician, who made a diagnosis of pregnancy. Two months later she was examined by another physician, who corroborated the previous diagnosis.

The abdomen enlarged very rapidly, and, her general health failing, she consulted a third physician, who diagnosed ascites, due probably to a malignant growth somewhere in the abdominal cavity. At this time the abdomen was greatly distended with fluid, and he performed paracentesis, withdrawing about two gallons of straw-colored fluid. After the withdrawal of the fluid he was able to outline a large nodular growth extending across the abdomen just below the lower border of the liver and the greater curvature of the stomach. In three weeks the fluid returned, and the abdomen, becoming distended, paracentesis was again necessary.

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[1] "Beiträge zur Experimentellen Pathologie," Wien, 1902.

In one month the abdomen once more became greatly distended with fluid, and she was brought to the hospital for surgical interference.

Physical Examination.—The face is drawn and anxious, she is markedly anæmic, the thorax and arms emaciated, the abdomen greatly distended, and the lower extremities œdematous.

On percussion the abdomen is dull at all points except in the flanks, where deep percussion brings out masked tympany. At the lower aspect of the tumor the fluctuation wave is long and of strong intensity, while at the upper margin the wave is of small intensity and of long transmission. Fœtal heart-sounds are absent and vaginal examination shows no obliteration of the vaults. The heart and lungs are negative.

Diagnosis.—From the history of the growth, appearing first on one side of the abdomen; from its rapid development; from the difference in the fluctuation waves over the different parts of the tumor, and from the vaginal findings, the diagnosis of an ovarian cystoma was made.

Operation.—On February 19, 1904, a median abdominal incision was made, and in opening the peritoneal cavity a large cystic mass was found tightly adherent to the parietal peritoneum at the point of the previous paracenteses. On exploring the tumor it was found to occupy the entire abdominal cavity, crowding the intestines posteriorly, and being adherent above to the diaphragm.

The large cyst and several daughter-cysts were punctured and about three gallons of fluid evacuated. On exploring the sac a number of thick-walled cysts were found at the upper part of the growth. No attempt was made to evacuate their contents to reduce the size of the tumor, but the abdominal incision was enlarged and the cyst delivered. The pedicle was ligated and the neoplasm removed in the usual manner.

On account of the general condition of the patient's health and to avoid shock it was deemed advisable to give saline transfusion. At the beginning of the operation the median basilic vein was exposed by a transverse incision and the saline delivered directly into the vein. The solution in the reservoir was kept at a constant temperature of from 110° to 112° F. and delivered in the vein at about 101° F. The transfusion was kept up during the entire operation. The pulse never went above 80 beats to the minute and shock was entirely absent. Six and one-half quarts of the saline solution was transfused.

She recovered from the anæsthetic in about four hours, and her convalescence was devoid of complications, the pulse and temperature remaining normal.

Gross Appearance of Specimen.—The cyst was very large, weighing, with its contents, over sixty pounds. In various parts of the sac were small thick-walled cysts which on section showed necrotic areas in the center of which were collections of pus.

Remarks.—Among the first of the many points of interest in this case which appeals to us is the mistaken diagnosis of pregnancy. These cases, if seen early, should be readily diagnosed. The growth involving one side instead of the center of the pelvis, its asymmetrical surface, our ability to outline the uterus as separate and distinct from the growth, and the absence of fœtal heart-sounds should differentiate it conclusively from a gravid uterus.

Secondly, these cases should never be tapped, as there is always danger of puncturing a cyst containing pus and thereby causing a general septic peritonitis.

Third, in operating upon these cases it

is always a safe rule to follow that thin-walled daughter-cysts contain sterile fluids, while the thick-walled cysts are apt to contain pus. Thick-walled cysts, then, should never be ruptured to reduce the size of the tumor to enable its delivery through a small incision.

Fourth, in using saline solutions to obtain the proper effect, and to avoid jeoparding the patient's chance of recovery, the following rules should be observed: *(a)* Transfusion is a surgical operation, and the technique should be absolutely an antiseptic one. *(b)* The salt solution should be of the proper strength, made of chemically pure sodium chloride, and should be sterile. *(c)* The solution should be delivered into the vein at a constant temperature of about 101° F.

Undoubtedly many of the unexpected and sudden deaths which occur after operations where transfusion has been employed are due to the faulty and careless manner in which this small, but important, operation is performed. How often do we see salt solutions made from a stock solution which has once been sterilized, but between the time of sterilization and the injection has been handled repeatedly by nonsterile hands! Again, the practice of testing the temperature of the solution in the reservoir by placing the arm against it cannot be too strongly condemned. In the beginning, the temperature of the solution, as a rule, is higher than it should be, and toward the end of the transfusion cold water is being injected into the vein, thereby adding to the shock and lessening the chances of the patient's recovery.

ELECTROLYTIC TREATMENT OF THE PROSTATE.

By John V. Shoemaker, M.D., LL.D.,
PHILADELPHIA.

The advanced physician, when in philosophic mood, marvels at the slowness with which things clearly proved are credited, and at the rapidity with which things wholly unsupported by evidence are accepted. If this remark applied only to the mass of men, with whom, as always, *omne ignotum pro magnifico,* with whom the unknown is always magnificent, it would not be surprising, but, unhappily, it represents, in some degree, a trait which belongs even to the learned professions, some of whose members flatter themselves that neglect to investigate constitutes in themselves wise conservatism.

The world—quasi-scientific, nonscientific, and unscientific—seems at present daft on the subject of the probability of discovering that all diseases are derived from some form of protozoa or of bacteria. It seems willing to believe, without evidence,—with all evidence, indeed, to the contrary,—that radioactivity in substances lately discovered disproves the universal truth of the previously demonstrated theory of the correlation and conservation of force, when, if there is anything that ought to be clear to even the untrained mind it is *ex nihilo nihil fit*—that one cannot get anything out of nothing. Dirigible balloons, practicable aëroplanes, Eddyism, Bishop Crowdyism, in a mixture of religion and groceries, salvation in Dowieism and Zion, anything has some following nowadays among the masses; and, the less evidence extant for its truth, the more plausible it seems to them, and the more readily accepted. What a struggle belief in the efficacy of vaccination has had for a hundred years, beginning with resistance even among physicians! Even now, thousands of the laity have no faith in it as a preventive of small-pox, and yet it is hopeless to expect that the efficacy of anything can ever be absolutely proved, if that of vaccination has not been proved by the steady diminution of small-pox in proportion to the employment of vaccination in every country where it has been introduced. But what does the multitude know about the history of vaccination, about the former scourge of small-pox, about the Plague of Athens in the time of Pericles, or about any other historical plague? We physicians, however, should not share in the smallest degree in this kind of conservatism, which believes implicitly nothing to be new except that which has been arrived at through a wildness of imagination as unbridled as the Horses of the Sun when Phaeton took the reins from Apollo.

But, lest the reader may, if I proceed further in this strain, think that the laboring mountain will surely bring forth a mouse, I pause here with the final statement that I have been led into this philosophic train of thought by reading just now two articles from English sources, on the subject of treatment of the prostate, finding there, among valuable remarks upon treatment of advanced stages of prostatitis, prostatocystitis, and other forms of prostatic complications; amidst description of how the catheter-life of a man may be made tolerable, and amidst many details of surgical interference, not a single word in either article indicating a condition of the existence in the prostatic sufferer before he has reached degeneration of the prostate so radical that the integrity of the urethra itself is involved.

Although there are well-known, prolonged stages of hypertrophy preceding the desperate condition described in the articles referred to, and although it is now many years since the efficacy of electrolysis in the case of all forms of tumor but the indurated sort has been fully demonstrated, we find many physicians, otherwise enlightened, allowing cases of inflammation of the bladder and of the prostatic portion of the urethra to proceed uninterruptedly from bad to worse, without electrical treatment, through miserable uncomfortableness and pain of the ceaseless, grinding sort that saps comfort out of life. Yet hyperæmia in the prostate, whether derived from excessive venery, gonorrhœa, cold, or from whatever source, is only the first stage in disease which may lead to the form of degeneration in which one may practice enucleation or excision; it is also a condition in which disease may be arrested at its onset by means of electrolyzing the hypertrophy with which the lobes of the prostate have been attacked. We do not know, no one will ever know, the rationale of the reduction of a tumor by means of electrolysis. All we can positively say is that dynamic and chemical effects must represent the agencies that produce the reduction—dynamic, inasmuch as the capillaries, veins, and arteries are visibly stimulated; chemical, inasmuch as the poles of the galvanic battery are utilizing the blood as an electrolyte. The mucous membrane is profoundly affected by application of the galvanic current from the negative pole. The fact can be demonstrated at the smallest expenditure of time and trouble. Insert in the rectum that pole, armed with the usual olive-shaped bulb, and turn on a moderate current. Soon will be apparent to the experimenter several phenomena, among which the flow from the mucous membrane of the rectum will manifest itself by the sensation of trickling. We are safe in saying that, however effected, the application restores healthy action. It relieves the parts of congestion, and tends to restore them to capacity of unaided function. We must see that this could not be so unless the application promotes circulation of the blood, thus draining off effete extravasated matter and producing chemical changes also for the better.

Back of this knowledge we cannot go in the question of causation in this matter under consideration. But it is sufficient as a basis for the further remarks that I have to make on the subject of the electrolyzation of the prostate when in an hyperæmic condition. Within the last few years I have had ample experience to prove to me the beneficence of this kind of treatment, when the cases have been prostatic and prostato-cystitic. When a patient writes from a thousand miles away that life has ceased to be a burden to him, because of electrolytic treatment of his prostate, and many other patients express themselves as receiving comfort from the same instrumentality, it is time for all physicians to believe that there may be something in the treatment. Here is no *placebo* possible. Try a bread pill on an inflamed prostate, and observe the effect. Try upon the prostate the current from the negative pole of the galvanic battery, and compare that effect with the other.

For a long while, within the relatively short time during which electricity from the negative pole of the galvanic battery has been used for reduction of hypertrophy of the prostate, there was no very convenient way even for the physician to make the application. Everyone must have observed how much in the way of desirable procedures often stands difficulty in carrying them out. The physician could, it is true, make the application without any instrument specially devised and adapted to the purpose, but, then, he could make the application only at considerable intervals of time, with the minimum of relief and the maximum of trouble and expense to the patient. What was needed was an instrument in the possession of the patient as ready to hand as an enema-pipe; such an instrument as he could use at home, day or night, at a moment's notice, after he had been drilled by his physician as to its proper employment. This is the way, and the only way, in which prostatitis is successfully combated in the condition of hypertrophy of the prostatic gland, and the instrument which I have now been using for thirteen years and recommending to my patients in treatment of prostatitis is the most perfectly adapted to the purpose of anything conceivable as a means to an end.

The history of the invention of the instrument is very simple. I have had occasion to tell it before, but it will bear repetition. I represented to an acquaintance of mine, an electrician, in what an awkward way we physicians were obliged to administer electrolyzation to the prostate through the rectum. He immediately suggested and had constructed the instrument to which I am now referring as having been, ever since, my constant resource in prostatic treatment in hypertrophy of the prostate. He unfortunately placed his invention in the hands of persons who put it at the nearly prohibitive price of ten dollars, if general use is to be regarded. He has now withdrawn it from its first administration, laid injunction on persons infringing his patent-rights, and has turned the manufacture of the instrument over to the Keystone Electric Company, No. 35 South Tenth Street, Philadelphia, which company is now engaged in producing it at the minimum price for which it can be made and sold.

I speak of this particular prostatic electrolyzer simply as the most convenient form of electrolyzing instrument for reduction of hypertrophy of the prostate gland of which I know. I need hardly add, after what I said in the beginning of this article, regarding my faith in the efficacy of electrolysis for inflamed prostate, any further recommendation of the practice. Performed regularly, with a moderate current, for a moderate length of time in each treatment, the relief is ineffable to the sufferer. It is the treatment which I, as a physician, advocate, and in which I, as a physician, must include convenience of administration, knowing, as do all physicians, that patients, like everything else in nature, pursue the lines of least resistance, that they follow what is easiest to do in a prescription, or, often, not at all what is hard therein.

In connection with electrolysis of the parts involved in the treatment of which I have been speaking, I ought not, perhaps, to omit mention of the effect of electrolyzation, administered as described, upon the vigor of the genital organs. Atony of the prostate, bladder, and surrounding parts is a condition natural to their localized and sympathetic relation with each other. Apart, however, from what might be strictly deemed diseased condition, a condition in which tone is either impaired or lost is not infrequent. In such cases, tone is undoubtedly improved by electrolyzation applied as described. There could be no better evidence of its efficacy in this sphere of action than its ultimate influence on erectile tissue. Whether this may be deemed a primary or a secondary phenomenon in electrolytic treatment must depend upon the point of view of the individual physician with reference to the physiological questions involved. My own belief is that restoration of the tone of the parts by means of electrolyzation is the primary phenomenon, and that the other supervenes in the regular order of Nature.

In a future article I will give a description of the prostatic electrolyzer and the method of its application to hypertrophy of the prostate, including strength of current advisable, and add such other details about the instrument as may interest physicians, through lessening their own trouble and showing how the distress of patients suffering from prostatic ailments may be alleviated, or even a radical cure of their cases may be accomplished.

THE TREATMENT OF SYPHILIS, WITH A REPORT OF TWO OBSTINATE CASES.

By C. G. Clark, M.D.,
Assistant Surgeon to the New York Hospital, House of Relief, Genito-Urinary Clinic; formerly Assistant Surgeon to the New York Hospital, Out-patient Department; Member of the New York County Medical Society, New York City.

The greatest trouble I have experienced in the management of cases of syphilis is the idiosyncrasy which certain patients manifest toward mercury and potassium iodide. It is almost impossible in many cases to administer these drugs *per os,* while the long period of treatment rendered necessary by each method precludes the use of hypodermic injections and mercurial inunctions.

It has been my custom for some years to adopt a course of treatment that may be worth reporting. Except in those cases in which the syphilitic process is encroaching upon vital organs and prompt relief is necessary, I consider the oral administration of mercury the best and safest method. In those cases seen at the beginning of the secondary stage I first prescribe the protiodide in $^1/_4$-grain doses. Probably half the patients will bear this nicely, and with occasional intermissions its use can be continued throughout the course of the treatment. However, in a certain proportion of cases mercury is rejected. Some patients will take the biniodide in $^1/_{16}$- to $^1/_8$-grain doses, while there are cases of an obstinate nature in which the administration of any mercurial by the mouth will cause violent purgation and vomiting.

About four years ago I began to use the syrup trifolium compound of Parke, Davis & Co. in these cases. This is a well-known mixture of vegetable alteratives containing 8 grains of potassium iodide to the ounce. The vegetable alteratives seem to render the potassium iodide more active, for I have seen syphilitic gummata and tertiary ulcers, which have failed to yield to large doses of potassium iodide alone, fade away rapidly under this preparation. During the secondary stage it is best to combine some mercurial with the syrup trifolium compound, and this can be done readily even in those cases in which the mercury is rejected when given alone: the biniodide is the best salt for this purpose, and I generally prescribe it in $^1/_{16}$-grain doses to a tablespoonful of syrup trifolium compound, to be given three times a day. Whenever a patient begins to show signs of ptyalism, the mercury may be omitted from the mixture and the syrup trifolium compound given alone.

In cases of tertiary syphilis of long standing the syrup trifolium compound either alone or reinforced with 5 to 10 grains of potassium iodide to the ounce is all that is necessary. In my opinion, syphilis in the tertiary stage is no longer curable, and the best we can do is to relieve the symptoms. Under potassium iodide alone or in combination with other alteratives, as syrup trifolium compound, these symptoms will generally disappear, though when the medicine is discontinued they almost invariably reappear. I have never seen any benefit from the use of mercury alone in the tertiary stage.

The following case histories were selected from a number, and will better illustrate the method in which this treatment is carried out in cases that refuse to take the mercury in pill form or undiluted:—

Case I.—Mr. W. M., driver, aged 21, came to my office January 9, 1900. He had a macular rash all over the abdomen, with slight patches upon the face and arms. He gave a history of a sore on the penis about two months ago, which had been treated and had healed. He first noticed the eruption about two weeks ago. Upon examination I found that the inguinal, epitrochlear, and cervical glands were enlarged, the throat covered with mucous patches, and the hair coming out readily. I made a diagnosis of secondary syphilis, and began treatment with $^1/_4$-grain doses of protiodide of mercury. After about a week had elapsed I gave it up, as the patient was unable to take the medicine, which caused a profuse diarrhœa and complete loss of appetite. I then placed him upon the biniodide, in $^1/_{16}$-grain doses, three times a day. After three days' use of this drug he was forced to discontinue it for the same reason. I then began the inunction of unguentum hydrargyri, which benefited him at once. On January 28th I prescribed syrup trifolium compound, 2 teaspoonfuls to be taken three times a day after meals, the inunctions to be continued daily in the meanwhile. At this stage the rash was very rapidly fading. By the 5th of February it had almost gone, and the throat symptoms were better. As the pharynx was still inflamed, I touched up the mucous patches with chromic acid, 10-per-cent. solution. On February 10th the patient complained of soreness from the inunctions, whereupon these were discontinued, and instead I prescribed the following mixture, which he took without the least trouble:—

℞ Hydrargyri biniodidi, gr. $^1/_{16}$.
Syrup. trifolii composit. (P., D. & Co.), ℥ss.

M. Sig.: One tablespoonful three times a day after meals.

By February 20th the rash had entirely disappeared and there was only one patch upon the right tonsil. On March 15th no signs of the disease were present. The treatment was continued.

For two years I kept up this treatment, with remissions every six months, and during the last year the patient has had absolutely no signs of the disease. On January 15, 1902, he was discharged, cured. On March 15th he married, and some time in January, 1903, his wife gave birth to a child that I have had under observation ever since, and I have been unable as yet to detect the slightest evidence of syphilis.

Case II.—A. G., a carpenter, 50 years of age, has had an ulcer of the leg for the past six months, which has gradually been growing larger. He gave a history of having had a chancre followed by a rash upon the body, when 30 years of age. For the past fifteen years he has had no symptoms of the disease. I made a diagnosis of syphilitic ulcer of the leg, and applied unguentum hydrargyri daily to the sore and administered syrup trifolium compound in tablespoonful doses three times a day.

After a week of this treatment the ulcer began to appear healthier and it gradually grew smaller. In three weeks it was completely healed. This case occurred nine months ago, and since then I have had the patient on syrup trifolium compound, 2-fluidrachm doses three times daily. He has not had any recurrence.

These two cases were selected because they represent two different stages of the disease. The first one is especially interesting, as it demonstrates the possibilities afforded by early administration of mercury and the desirability of finding some vehicle in which it can be given. For this purpose syrup trifolium compound cannot be excelled, and in those cases in which potassium iodide alone is indicated—*i.e.*, the tertiary syphilides—it can be administered in this way with less disturbance to the stomach than by any other method of which I am aware.

Abstracts.

Circumscribed Lymphangioma of the Tongue.

Circumscribed lymphangioma of the tongue is a tumor, write MM. Gaudier and Camus, of Lille, of limited contour, of probable congenital origin, and of lymphatic structure. Monod regards it as composed of lymphatic vessels of new formation.

Pauline X., 14 years of age, entered the hospital on account of a tumor of the tongue. She had noticed for a year and a half that the tongue was increasing in size. Inspection showed a double tumefaction. A larger tumor existed on the right side and anterior half. Its surface was of a rose color, a little deeper than that of the remainder of the organ, and studded with small elevations of a reddish hue. It was separated from the tumor of the left side by a curvilinear groove with its convexity toward the right. There was no fissure. The left tumor was situated in the vicinity of the median line. It was of firm consistence.

The enlargement was due to the increased size and number of the papillæ. Sometimes the tumor seemed to take on an unusual size. During these periods the tongue was painful, deglutition and speech more difficult, and salivation exaggerated. The growth was removed about a week after the girl entered the hospital. Two elliptical incisions included the right tumor, which was the size of a large nut. Under the microscope it was easily seen that the excrescences were caused by hypertrophy of the lingual papillæ. Each papilla resembled a sort of fungus with large base. On examining the sections carefully there were seen, at the extremity of the papillæ, genuine cystic dilatations. Hence the pearly aspect of certain papillæ. These were lymphatic dilatations. The cavities opened into a lymphatic canal, which led into a plexus of very much dilated lymphatic channels. There appeared to be no new formations. In a similar case of Voiturier's there were the same histological appearances. The pathogenesis is the same as that of total macroglossia. The diagnosis is between rare and common tumors. The former group includes aneurism, angioma, cysts, fibroma, and tuberculosis of excrescent form. The last named produces excessive pain in consequence of ulceration. Epithelioma is ulcerated, and discharges an ichorous and fetid fluid. Syphilitic lesions are not limited. Fissures are present. The tongue looks like a frog's back. Preferable treatment is by removal.—Revue Hebdomadaire de Laryngologie, etc.

Laryngeal Crepitation as a Sign of Pulmonary Tuberculosis.

Dr. Remouchamp, of Gand, describes, under the title of "Laryngeal Crepitation," a sound which can be perceived in the beginning of tuberculosis under the following circumstances: The patient, while standing, with the physician in front of him, is asked to open his mouth moderately; then, placing his right hand upon the left shoulder of the patient and supporting his left thumb upon the chin of the latter he approaches his left ear to the mouth of the patient at a distance of five to ten centimeters (two to four inches). In this attitude, if the patient has pulmonary tuberculosis, the physician perceives a fine crepitation, comparable to the sound which is made by the point of a fine pen scratching the paper. It is heard with both sounds of respiration, but particularly during expiration.

This crepitation persists during the course of the disease, the variations of which it follows, increasing with aggravation of the pulmonary lesions and lessening if those improve. Sometimes it is sufficiently intense to be perceived when the patient's mouth is closed.

This sound is heard from the beginning of tuberculosis and has enabled the author to diagnosticate that disease in subjects who, at first sight, presented no symptom of the malady.

In other cases also the buccal transmission of abnormal pulmonary sounds can be detected, especially when there are cavities, with gurgling, etc.

As Dr. Cybulski, of Goerbersdorf, has already stated (1902), this laryngeal crepitation is heard at the beginning of acute bronchitis, but it is then accompanied by sibilant sonorous râles.

Permanent laryngeal crepitus is characteristic of pulmonary tuberculosis from the initial period, and by recognizing the sign the disease may be diagnosticated. As long as this sound persists we can affirm that the malady is still in existence.

It appears that instead of this term, laryngeal crepitation, already employed in laryngology to designate the sound physiologically produced when the larynx is displaced, it would be better to make use of the expression respiratory crepitation, for example, since the latter covers both acts of respiration.—Revue Hebdomadaire de Laryngologie, etc.

Primary Lupus of the Nasal Fossæ.

Dr. Ioannovitch, of Cairo, has reported the case of a young woman, 25 years of age, who, at the age of 15, in consequence of a slight traumatism, had a redness of the skin. Four years later she had a small growth, which was treated at the Hôpital Saint-Louis for lupus. It was cured in three months by the thermocautery. At this time she was subject to coryza. For four years she had suffered from difficulty of respiration, obstruction of the nasal passages and nasal voice. There was no anosmia. There was a sense of itching in the nose, which led to scratching and crusts. At the date of examination the patient could only breathe by the mouth. There was double epiphora. By anterior rhinoscopy, on the right side, and the anterior part of the septum there was seen a soft, granular, and reddish swelling. It was not painful and bled but little. Upon the anterior extremity of the inferior turbinated bone were small nodules which gave a characteristic granular appearance; on the inner surface of the alæ of the nose the same lesion existed. Tuberculosis of the septum of polypus form gave place to a tumor, uniformly red, bleeding easily, and destitute of cicatrices. Rapid ulceration and perforation occurred. The papilloma was unilateral. In eczema of the nares the mucous membrane remains intact. The treatment was by means of the galvanocautery. It may become necessary to resort to surgical methods.—Revue Hebdomadaire de Laryngologie, etc.

Urinary Troubles in Locomotor Ataxia.

At a meeting of the Therapeutic Society M. E. Desnos said that it is known how insidious are the difficulties of micturition in the subjects of locomotor ataxia in the beginning stage. They evolve quietly, but terminate sooner or later in the same condition: distension of the bladder. It is also difficult to establish a co-ordinated table of the initial signs of the troubles, but nevertheless it is of the utmost importance to recognize them because the future of the patient depends upon an early diagnosis.

As a rule, the first symptom is a certain hesitancy in starting the stream. This sort of timidity, or "stammering of the bladder," is generally not well marked, and does not attract the attention of the patient, who merely complains that his bladder is lazy. The stream, however, may remain vigorous for a long time, but after an indeterminable period it commences to weaken and is projected to a less distance; the urine falls vertically, sometimes drop by drop; the patients "wet their shoes." Then appears a new symptom: a more or less conscious effort in urination. To these symptoms, in the minor rank of urinary pathology, are added two others which, carefully studied, are more characteristic. The speaker first alluded to the sudden arrest of the stream, whether perceived or not by the patient. Undoubtedly, this sign is manifested in other conditions; it is sometimes caused by the presence of a stone in the neck of the bladder, but in that case the obstruction is accompanied by more or less pain and sense of contact, while the ataxic patient usually only knows of the stoppage by the sense of sight.

Another phenomenon, more rare, but almost pathognomonic of ataxia, is the impossibility of provoking a discharge of urine, followed by an involuntary evacuation. This feature is observed from the beginning; it is more rarely a consequence of retention.

As regards sensibility, the phenomena of the beginning present no less variety. Very exceptionally the disease begins with violent pain, actually fulgurant, in the vesical region and radiating into the penis or urethra. A little more frequent are crises of cystalgia, sometimes atrocious, aggravated by the act of micturition, which these attacks render more frequent. The sensory troubles of the early stage are nearly always vague, consisting of feelings not well defined, soon ending in an unwonted frequency of micturition, which becomes distressing, difficult, or even actually painful. It is to this state that the name irritable bladder has been given. With all allowance made for exceptions it should be considered a prodrome either of ataxia or tuberculosis, according to the age of the patient and the concomitant circumstances.

In a general manner these symptoms of sensory and motor zones are slightly marked in the commencement. This is not true of a phenomenon which subsequently draws attention to itself: incontinence. This sometimes appears as an almost premonitory or at least precocious manifestation. The precocity, however, is only apparent, for a long period of months or even years has preceded without notice. The speaker desired to dwell to some extent upon the different forms which the passage of urine assumes in tabetic individuals. In these persons that which is designated under the name of incontinence comprises facts of several orders. Sometimes there is a false incontinence in the course of a cystalgia or irritability of the bladder; the patient is troubled by frequent desire, which is, moreover, so imperious that he is obliged to pass his urine immediately; but the act is accompanied by sensation and perhaps pain; the urine does not flow involuntarily; there is no incontinence. There are also cases of relaxation of the vesical sphincter, a more or less complete paralysis of the muscles of the anal region, and the urine escapes without the knowledge of the patient. It is sometimes projected by irregular and spasmodic contraction of the muscular fibers of the bladder. This form, the more rare, belongs to the early stage, the incontinence, to which the speaker had already alluded. In the majority of cases incontinence among tabetics is due, however, to retention and distension of the bladder—a genuine incontinence of retention, comparable in its forms and therapeutic indications to that of enlarged prostate. If examination of the patient has elicited manifest signs of tabes the nature of the urinary troubles is thereby explained. Otherwise we must rely upon a study of the conditions in order to make a differential diagnosis between diseases of which the symptomatology is similar to that of the urinary difficulties caused by locomotor ataxia, such as stricture of the urethra, hypertrophy of the prostate, cystitis, and infection of the bladder.

The future of a patient suffering from urinary disorder of tabetic origin depends upon an early diagnosis. The premonitory symptoms are providential and permit the protection of other organs of the body. When applied in time and with discernment, the therapeutic means which we have at our disposal have much efficacy in relieving the urinary troubles. In many instances the ultimate outcome, retention, may never be reached. Nearly all the therapy is summed up in the two objects: to prevent the occurrence of retention and at a later period to prevent ascending lesions which threaten the entire economy.—Le Bulletin Médical.

Molluscum Contagiosum of the Conjunctiva.

Some authors have already written of ocular catarrh in relation to molluscum. None, however, has presented a case of that disease localized on the conjunctiva. Ballaban has observed the case of a young woman, 20 years of age, who had upon the globe of the eye, in its external half, a tumor the size of a small nut. The conjunctiva was raised and adherent to the tumor. The latter extended beyond the external commissure. It was reddish, lobulated, and elastic. The real nature of the growth was only revealed by the microscope. The picture was clearly that of molluscum: there were nests of epithelial cells, the deeper of which were cubical, and the middle of which contained characteristic corpuscles.—Recueil d'Ophtalmologie.

Angioma of the Tongue.

M. Guyot has reported the case of a babe, 10 months of age, the subject of congenital hydrocephalus. The father was syphilitic. The mother had had four abortions. The child was the product of a fifth pregnancy, the only one which extended to term. The head was considerably enlarged. The face, on the contrary, seemed atrophied. Upon the left side of the tongue was a vascular tumor the size of an almond. According to the cases reported, these angiomata are rarely single lesions: they coexist with harelip, bifid tongue, or some other, even remote, malformation.—Revue Hebdomadaire de Laryngologie, etc.

Dermoid Cyst of the Epiglottis.

M. Gaudier, of Lille, reports the case of a patient who had complained for three months of hoarseness with dyspnœa, which was worse at night. Laryngoscopic examination showed the existence of a tumor of the epiglottis. A sebaceous cyst or lipoma was suspected. The tumor was opened by means of curved scissors. It contained sebaceous matter and fine, white hairs. The cyst was removed. The spot was then cauterized by a zinc chloride solution, 1 to 20. Cure was complete in eight days.—Revue Hebdomadaire de Laryngologie, etc.

The Suprarenal Capsules in Three Cases of Arterial Atheroma.

At a meeting of the Medical Society of the Hospitals M. Josué said it was known that suprarenal extract and adrenalin raised arterial tension. On the other hand, clinicians had noted the frequency of atheroma in subjects whose arterial tension is above normal. Starting from these facts, the speaker had shown in a work published in 1903 that it is possible, by repeated injections of adrenalin, to produce experimental atheroma in the rabbit. It is therefore of great interest, as the speaker had said at that time, to study carefully the suprarenal capsules at the autopsy of atheromatous individuals.

These anatomical examinations became possible, thanks to the researches of MM. Léon Bernard and Bigart, who have ascertained in the guinea-pig the anatomical characters corresponding to extreme functional activity.

The suprarenal capsules of the three atheromatous individuals were manifestly in a state of hyperactivity. They were large and a little hard. Vulpian's reaction (green coloration by perchloride of iron), which is characteristic of adrenalin, was very clear. The medullary substance was hypertrophied. There were small, independent adenomata.

The histological examination, made with the assistance of M. Léon Bernard, showed similar modifications in the three cases. There was hyperplasia of the glomerular layer, with nodular hyperplasia, spongy transformation of nearly all parts, in one case of all the cellular layers of the cortex, and hyperpigmentation of the pigmented layer. These anatomical characters correspond to the series of those which are due to hyperactivity of the gland.

Experiment, therefore, and pathological anatomy concur in demonstrating the suprarenal origin of arterial atheroma. It would certainly be imprudent to generalize from three cases; nevertheless, what gives them a great value, notwithstanding their small number, is that they are not supported solely upon theoretical considerations or a simple macroscopical examination, but are based upon precise facts studied by means of histological technique. —La Tribune Médicale.

Progressive Pernicious Anæmia and Chronic Nephritis.

At a meeting of the Medical Society of the Hospitals MM. Marcel Labbé and Salomon reported a case of progressive pernicious anæmia which gave them the opportunity of speaking of the relations between anæmia and nephritis.

A patient, 59 years of age, who had formerly been treated for chronic nephritis with polyuria, *bruit de galop,* œdema, diarrhœa, etc., died with the signs of progressive anæmia. The number of red cells had fallen to 1,000,000, hæmoglobin to 3 per cent., and there were very few nucleated red corpuscles. The number of white cells was 18,000. The blood coagulated well. At the autopsy the hæmatopoietic organs were found in activity. The kidneys exhibited advanced lesions of nephritis.

The case is very similar to one published by MM. Labbé and Lortat-Jacob, at the autopsy of which was found chronic nephritis.

If we study the cases of extreme anæmia produced by dilution of the blood in certain cases of nephritis we are led to establish a relationship of causality between nephritis and some cases of pernicious anæmia, and to distinguish three principal varieties of the latter: anæmia from destruction of the blood, anæmia from defective sanguification, and anæmia from progressive dilution of the blood.—La Tribune Médicale.

Actinomycosis and Epithelioma of Inflammatory Type.

At a meeting of the Academy of Medicine M. le Dentu stated that actinomycosis is comparatively frequent in certain parts of France and particularly in the neighborhood of Lyons. M. Poncet has described it in a work written in collaboration with one of his pupils. M. le Dentu spoke of the rarity of the disease in Paris, and, notwithstanding a search carried on for several years, he has only met with a few isolated cases. He had, however, never observed the characteristic grains of the actinomyces in cases objectively undoubted. In a recent case of tumor of the lower jaw with nodosities of violaceous aspect, riddled with fistulous orifices, without lesion of the internal surface of the bone and possessing the clinical features distinctive of the disease, the pupils of his service, some of whom had seen typical cases in the provinces, had no hesitation in making a diagnosis of actinomycosis. Search for the specific grains was without result. In an hypothesis of the destruction of these elements by secondary infection M. le Dentu makes an exploration, a sort of curettage, in order to facilitate an examination of the fresh tissues; histologically the growth was an epithelioma of inflammatory type. Therefore, concluded M. le Dentu, a diagnosis should not be made except when the characteristic grains of the parasite are present.

M. Cornil said that he had examined some time previously a patient of M. Chaput's suffering from an actinomycotic tumor of the inferior maxilla with exostoses. Microscopical examination revealed the existence of the grains of the fungus. There are, however, other cases, not doubtful, in which the examination is fruitless; but we have then a picture of arboraceous filaments, forming small tufts; these filaments color well by means of basic violets. A diagnosis should not be formed without a histological examination.—La Tribune Médicale.

Therapeutic Notes.

Radio-active Treatment with Thorium.

Tracy illustrates the radio-activity of thorium and calls attention to its antifermentative property. He suggests two methods of using radio-activity in tuberculosis. One is by using a saturated solution of nitrate of thorium in a large, shallow receptacle. A slight current of air can be caused to pass over the solution from a compressed-air tank while the patient is inhaling. With the nitrate of thorium there may be more or less free nitric acid; this must be neutralized by passing the emanations, before inhalation, through a wash-bottle containing a saturated solution of sodium bicarbonate. The more satisfactory way, he thinks, is by heating the oxide of thorium by the Lieber apparatus, which is illustrated. The procedure leaves in the lung-cells a fine film of radio-active matter which in turn produces the phenomenon of induced radio-activity in the same parts, which may last for one or two days. This is shown by the patient, after inhaling thorium emanations, exhaling on a photographic plate, which produces the ordinary effects on the silver salts. An inhalation given every day or every other day, he says, will keep the lung-cells constantly in a radio-active and antiseptic condition. The heat emanating from a Lieber apparatus can be cooled by passing through a glass and rubber tubing, and the inhalation may be given for a period of fifteen minutes at the outset, gradually increasing to half an hour. This method of treating tuberculosis will not interfere with other medical, dietetic, or other treatment.—Journal of the American Medical Association.

Accidents of the Menopause.

Nervous Excitement and Neuralgia.

℞ Zinc valerianate, gr. $^5/_6$.
Extract of hyoscyamus, gr. $^1/_3$.
Extract of belladonna, gr. $^1/_6$.

For one pill. Three pills daily.

Or:—

℞ Monobromated camphor,
Quinine valerianate, of each, gr. iss.
Extract of hyoscyamus, gr. $^1/_3$.
Extract of belladonna, gr. $^1/_6$.

For one pill. Four or five pills daily. (Herzen.)

Abundant Metrorrhagia or Menorrhagia.

℞ Fluid extract of hydrastis,
Fluid extract of hamamelis, of each, ʒiiss.
Fluid extract of viburnum, ʒi $^1/_4$.

M. Twenty drops in a little water three times a day.—Le Progrès Médical.

Kerosene Liniment.

The following mixture has been highly recommended for its anodyne effects:—

℞ Petroleum oil, ℥j.
Tincture of opium, ʒiv.
Tincture of arnica, ʒv.
Aromatic spirit of ammonia, ʒvj.
Spirit of camphor, ʒv.
Oil of origanum, ʒiv.
Chloroform, ʒiij.—M.

American Druggist and Pharmaceutical Record.

Adrenalin and its Uses in General Surgery.

Under the above title an article appears in the Indian Medical Gazette, from the pen of Harry Gidney, F.R.C.S. (Edin.), D.P.H. (Camb.), who finds that adrenalin is adapted to the treatment of all inflammatory conditions, and of extreme value in arresting hæmorrhage during all surgical operations. It is indicated more especially in inflammations of mucous surfaces, such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum, vagina, uterus, stomach, etc. It is used not only to stay hæmorrhage when it exists, but also as a preventive or controlling remedy, given either internally or externally prior to an operation.

Adrenalin is admitted to be the most powerful and rapid cardiac stimulant and tonic we have, being used in cardiac affections, hæmatemesis, hæmoptysis, hæmophilia, hæmaturia, menorrhagia, postpartum hæmorrhage, purpura, scurvy, etc. It is said to be the most rapid restorative in chloroform and other forms of anæsthetic syncope, and in such cases it is advisable to administer it intravenously. The author reports the results of several operations, major and minor, in which adrenalin was employed.

Malaria.

In latent and masked malaria Dr. William Krauss, of Memphis, Tenn., says in Southern Medicine that he has found the following prescription very useful:—

℞ Quininæ hydrobromatis, gr. xxx.
Hydrargyri chloridi mitis, gr. v.
Pulveris capsici, gr. iss.
Pulveris Doveri, gr. v.
Aloini purificati, gr. $^1/_6$.

M. et ft. caps. no. vj.
Sig.: One every four hours.

Cough in Tuberculosis.

D. Barty King, in Scottish Medical and Surgical Journal, gives several prescriptions. For excessive coughing in the morning, Dr. King recommends sipping slowly a cup of hot milk to which 15 to 30 grains of sodium chloride has been added. The pill of ipecac and squills, of the B. P., 5 grains, he has found to be the best remedy for cough during the night. The hot milk is efficacious also for the cough sometimes experienced on getting into bed, and the patient is recommended to recline half sitting up for a few moments before stretching out. Apocodeine was beneficial in this mixture:—

℞ Apocodeine, $^1/_{10}$ grain.
Terebene, 10 minims.
Mucilage of acacia, 1 drachm.
Camphor-water, enough to make $^1/_2$ ounce.

M. One dose.

Dr. King has found that a cough that persists while the patient is at rest will often be greatly alleviated by moderate exercise.—New York and Philadelphia Medical Journal.

Tabes Dorsalis.

E. Fargues insists that tabes is curable by the use of strong and long-continued hypodermic injections of mercury, and advises:—

℞ Mercury benzoate, 15 grains.
Ammonium benzoate, 75 grains.
Sterilized water, enough to make, 3 $^1/_3$ ounces.

M. Inject deeply into buttock, beginning with 15 minims daily and increasing gradually to 2 drachms.

Mercury biniodide may be used:—

℞ Mercury biniodide, 15 grains.
Sodium iodide, enough to dissolve the mercury.
Sterilized water, to make 3 $^1/_3$ ounces.

M. Dose may be increased to 90 minims daily.

Calomel, says the author, is the most valuable of the mercury salts, and should be used in grave cases, notwithstanding the pain, abscesses, and other drawbacks to its injection.—New York and Philadelphia Medical Journal.

Sciatica.

To Troussevitch the Albany Medical Annals ascribes the formula:—

℞ Spiritus glonoini,
Tinct. capsici, of each, ʒss.
Aquæ menthæ piperitæ, ʒiij.

M. Sig.: Five drops thrice daily in a tablespoonful of water for the first three days, and 10 drops thrice daily on the following days.

Epilepsy.

The following combination is recommended by Dr. Daniel R. Brower:—

℞ Sodii bromidi, ʒx.
Ext. solani Carolinense fl., ℥ij.
Aquæ camphoræ, q. s. ad ℥iv.

M. Sig.: One teaspoonful three times a day in water.—Journal of the American Medical Association.

Biliary Lithiasis.

℞ Calomel, gr. xv.
Brown euonymin, gr. viij.
Podophyllin, gr. ivss.
Extract of belladonna, gr. ii $^1/_4$.
Extract of hyoscyamus, gr. iij.
Powdered ginger, gr. ivss.
Powdered licorice, q. s.

Make into thirty pills. Take one to three pills in the evening.—Le Progrès Médical.

A New Method of Administering Oils.

H. Boissel remarks that the facility with which castor-oil can be given in frothing beer is well known to all practitioners. It is, however, not always easy nor advisable to give beer; therefore he has devised a frothing mixture which serves the same purpose. It is in the form of a powder, composed of gum arabic, licorice, and lactose, flavored with vanilla. A pinch of this powder, shaken with a little water, produces a very persistent froth, in which any oily substance—as codliver-oil, castor-oil, iodized or phosphorated oil—can be given, as well as medicines lighter than the mixture, such as the salicylate of methyl, essence of santal, etc., which can be given without the slightest unpleasant taste.—Southern Clinic.

Pulmonary Tuberculosis.

A formula of Bouchard's is, according to Le Progrès Médical:—

℞ Beechwood creosote,
Iodoform, of each, ℈iv.
Licorice powder, enough to make 80 pills.

Sig.: Take eight pills daily between meals.

Bronchitis of Children.

℞ Sodium benzoate, 30 grains.
Terpin hydrate, 3 grains.
Syrup of Tolu, 1 ounce.
Syrup of acacia, to make 4 ounces.

—Merck's Archives.

Tuberculosis.

For the night-sweats H. E. Stroud prescribes:—

℞ Agaricin, gr. $^1/_8$.
Zinc oxide, gr. iij.

M. et ft. cap. no. j.
Sig.: One such capsule at bedtime.

The following combination is recommended by the author as a very efficient one in controlling the diarrhœa, which is due primarily to the general toxic condition:—

℞ Bismuthi subnit., ʒvj.
Ext. coto fl., ʒj.
Pulv. cretæ comp., ʒiij.
Tinct. opii deod., ʒiss-ʒiij.
Pulv. pepsini, ʒj.
Syr. zingiberis, q. s. ad ℥iij.

M. Sig.: Shake and take one teaspoonful after each bowel movement.—Journal of the American Medical Association.

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STREET-CLEANING AND THE PUBLIC HEALTH.

THE sanitation of large cities is an intricate problem. Large quantities of filth accumulate in the streets, especially in those districts where traffic is greatest. In the winter, after a snowstorm, the condition of the thoroughfares is deplorable. Slush, melted snow, and mud are in evidence for days at a time. The horrible, slimy mixture adheres to garments and footwear, is carried into conveyances, places of public resort, business houses, and homes. Entangled in the mass are innumerable disease germs, which only await favorable surroundings in order to fructify. Those diseases which traditional belief has long ascribed to the impression of cold are only to a certain extent due to low temperature. Cold and wet depress the resisting power of the organism and render it an easier prey to pathogenic microbes by which it may be assailed. The prevalence of broncho-pulmonary complaints during the season just past has been dependent upon the foul condition of our streets far more than upon the rigor of the weather. A low temperature is by no means incompatible with health. On the contrary, and particularly when dry, a cold atmosphere promotes physical vigor. Many patients afflicted with pulmonary tuberculosis in an early stage have saved their lives by removal to Minnesota and other Northwestern States, where the disease has been arrested and where they have had long, and in many instances useful and successful, lives. Our Eastern seaboard climate is less favorable in itself, but the bad sanitary surroundings of large cities are responsible for more illness than is produced by temperature and humidity.

In the summer the clouds of dust which are blown about by winds scatter equally the seeds of diseases of other kinds. While the excessive heat of midsummer prostrates strength, yet the greater freedom of ventilation and the more general prevalence of open-air life during moderate summer weather tend to the preservation of health.

For the vicissitudes of the weather we cannot be responsible, but cleanliness of streets is a matter which should be within our control. It is plain that we have not reached any approximation to the ideal in our methods of cleaning the streets. "The wind bloweth where it listeth," but clouds of dust and other forms of dirt are distributed by the reprehensible carelessness and negligence of the hordes of so-called street-cleaners. These people are, for the most part, recent importations from sunny Italy, and perform their work in a most indifferent and shiftless manner. In filling their carts they scatter a large proportion of refuse again upon and through the streets. They pursue their calling as if they were the sole occupants of the streets. Dust is freely sprinkled upon the faces and garments of passers-by and, on windy days, above all, a walk is by no means a pleasure. Some time ago it was considered a proper thing to clothe the street-cleaners in suits of white duck. The suits soon became dingy, the rain covered them with mud stains, and apparently they are never washed, and the consequence is a set of scarecrows gathering up and scattering abroad the dirt of our roadways. The old-fashioned habits of the Philadelphia housekeeper generally keeps the sidewalks in a reasonably clean state, but what is swept into the streets is again cast upon the sidewalk. In winter the white suits of the scavengers are too cold, and so the children of the South draw them over woolen clothing, or their "uniforms" consist partly of soiled duck and partly of cloth, and the general garb is of the tatterdemalion type.

The annoyance, totally needless, which these gatherers of refuse occasion to pedestrians is without excuse. Not long ago we were casually an eye-witness to a sight which should never happen. A lady was walking along a prominent street, elegantly and expensively attired. She approached a crossing near which stood the ridiculously garbed street-cleaner with his wheelbarrow. As the lady was about to pass him up went the shovel, away flew the dirt into the lady's face and eyes and upon her clothing. The latter was soiled, perhaps ruined, by the gross carelessness and indifference of an ignorant hireling. We have witnessed other incidents of the same kind, though none as extreme. To a certain extent, however, the same thing is happening all over the city, every day, and from highest to lowest anyone may be the victim. Such an occurrence is an outrage.

This street-dust is injurious to the eyes. It excites inflammation of the conjunctiva just as it does of the mucous membrane of the air-passages. It is abominable that citizens should be made to suffer in their comfort and health through the rudeness of the lowest class of laborers. Discipline is evidently needed in the corps of street-cleaners. Occurrences such as that to which we have briefly alluded should be rendered impossible. If there is any system of inspection of the laborers it is not often apparent to the public. It is a comparatively easy matter to sweep and remove the dirt from the asphalt which forms so much of our roadways. The men seem to have ample time at their disposal, judging from the leisurely and perfunctory manner in which they prosecute their work. They can therefore spare the time to wait an instant in order to avoid sprinkling the passers-by upon the sidewalk. They can—and they should be instructed and made to—spare the time to deposit their shovelfuls quietly and gently in their wheelbarrows. In that event there would be little scattering of dust, and the clothing, the temper, and the health of citizens would be much better preserved.

HEREDITY.

THE whole subject of inherited qualities, physical and mental, in health and disease, is of intense interest. The great features of heredity are so plain that they have received universal recognition. Family resemblances in person and disposition are common. In the country, where families have lived as neighbors for generations and where intermarriages have been numerous, the wiseacres will trace qualities or propensities to the father's side or the mother's side of the family or will sometimes be reminded of remoter or collateral relatives. The mixture of stems in each generation introduces an element of aberrancy, but it often is amazing how long a family trait will persist with the name. Education, rearing, and surroundings have no doubt something to do with this perpetuation of family characteristics, but inheritance is probably the principal factor.

Heredity has been more closely studied from the scientific standpoint during recent years, and although much has been learned there are still phases of the subject which have defied solution. Like a great many other of the principal topics which interest the human mind, we reach at last a point beyond which we cannot penetrate. Mr. Francis Galton was a diligent investigator and wrote a book called "The Heredity of Genius." In this work he collected data regarding the family relationship of many eminent personages in various fields of intellectual activity. He showed that in a very large proportion distinguished men and women have belonged to families which had produced other members of prominence and ability. No doubt he proved his case as regards the greater number of his examples, but he did not sufficiently observe the distinction between genius and talent. Talent of the first rank has its family relatives, but genius, for the most part, seems to stand apart on a pinnacle of solitude. Goethe, indeed, wrote some verses indicating the sources from which he drew his wonderful qualities; yet even his own verses will not explain the mystery of that genius which had no ancestor and no successor. How shall we account for the marvelous genius of Shakespeare upon the principles of heredity? Whence did Turner, the barber's son, inherit his artistic genius?

But questions concerned with the highest qualities and achievements of the human mind are full of puzzles. This need be no wonder when we think of the inexplicable connection between cerebral matter and mental operations.

In the more general properties, however, the study of inheritance has taught us much and promises more for the future. As physicians we are necessarily interested in the hereditary transmission of disease or a tendency to acquire a disease. It is in the field of nervous and mental disease particularly that many important investigations have been carried on concerning pathological relationships. The statistics of the State hospitals for the insane contain a mine of information upon the subject, and Dr. William C. Krauss, of Buffalo, has published an instructive paper analyzing the last annual report of the New York State Lunacy Commission. In reference to the general topic he utters the pregnant and suggestive remark that, "while it is an easy matter for the higher and nobler attributes to become through custom and environment deflected and deteriorated, it is almost an impossibility for the baser and decrepit qualities and conditions to become regenerated and rehabilitated." He also quotes Kiernan, who has aptly said that "heredity is a prophecy of what may be, not necessarily a destiny which must be." The influence of heredity is very conspicuously seen in psychiatry.

The statistics upon which Dr. Krauss comments are taken from thirteen State hospitals and cover a period of twelve years. There was some variation of percentages from year to year, and the proportion of the whole number since 1888, as 39.7, is perhaps as correct an idea of the true percentage as it is possible to determine. The reports also show that maternal transmission is increasing rapidly over paternal transmission.

Heredity is just as strongly represented in the various neuroses as among the psychoses. There is transmitted in the organism certain diatheses which favor the development of particular diseases, which run through several generations. These are sometimes termed familial maladies, and this succession is expressed by the term direct, or organic, heredity. By indirect heredity is meant the transformation from some other affection of the nervous or mental sphere, and this is more common than the direct transmission. Epilepsy, melancholia, or inebriety may favor the production of hysteria, chorea, or neurasthenia, while an ultimate result of inheritance may be represented by imbecility. The next step is extinction of a family. "Thus is nurtured a family tree," concludes Dr. Krauss, "whose branches become heavily laden with neuropathic fruit, yielding and bending to the slightest zephyr until through sterility it becomes barren and lifeless and falls by the wayside in the struggle for existence."

Consultation Department.

THE Editor of THE MEDICAL BULLETIN receives many letters from all parts of the country relative to the treatment of various morbid conditions. It has been thought well to answer some of these through the columns of the journal. For this reason it has been determined to add another department, which we have termed the CONSULTATION DEPARTMENT. In its columns we shall reply to letters sent us by subscribers and others, and hope that this will be found an interesting and useful feature.

Pustules Following Fever.

Dr. R. inquires concerning the case of a girl, 5 years of age, who had had measles, followed by pneumonia and meningitis. During convalescence her head became covered with small, purulent collections (described as resembling boils or abscesses), which filled up again as often as opened.

Answer.—The prostration produced by fever will not uncommonly allow some part of the organism to be attacked by the microbes of suppuration. A young child which had undergone such a serious and prolonged illness would be benefited by the use of potassium chlorate in conjunction with syrup of ferrous iodide, the lactate of iron, or the tincture of the chloride, if the last is well borne by the stomach. A warm, 4-per-cent. solution of boric acid applied upon compresses is a good local method of treatment.

Rheumatism.

A correspondent inquires concerning the treatment of rheumatism, particularly of the acute variety. The basis of the most rapid treatment of acute rheumatism is salicylic acid, preferably in its combination with soda. If pain be excessive some morphine may be conjoined. For instance:—

℞ Sodii salicylatis, gr. x.
Morphin. sulphatis, gr. $^1/_8$.
Tr. cardamom. co., ʒss.
Glycerin., ʒ $^1/_4$
Aquæ, q. s. ad ʒij.

M. Sig.: For one dose. One such dose to be given every three hours.

Codeine may be substituted for morphine. If the narcotics are omitted from the prescription a dose may be given hourly until six doses have been taken. Lead-water and laudanum is a good local application. Wrapping the affected joints in cotton-wool affords relief. When the temperature has returned to normal and the swelling is lessening it is well to add an alkali to the salicylate. Sodium bicarbonate or iodide answers a very good purpose. A little later the salicylate can be eliminated and the alkalies given until convalescence is assured.

In subacute cases, which are often attended by sluggish liver and constipated bowels we have often found it of advantage to add enough cascara sagrada to each dose to secure free evacuations. In this class of cases salicylic acid has been found useful as a local remedy. It may be made into an ointment in the proportion of a drachm to an ounce. In the chronic and muscular forms salicin is more reliable than salicylic acid. The following will often give good results:—

℞ Salicini, gr. iii-v.
Extract. cimicifugæ, gr. ss-j.

M. Sig.: For one dose. One such capsule to be given four times a day.

In chronic cases the diet must be regulated in accordance with the digestive power of each individual patient. A moderately stimulant liniment relieves the aching that is so usual in chronic rheumatism. In old cases a combination of small doses of sulphur and sodium bicarbonate is beneficial, as:—

℞ Sulphuris præcip., gr. iij.
Sodii bicarbonat., gr. ij.

M. Sig.: One such dose to be given three or four times a day in a capsule.

If the bowels are constipated aloin or podophyllin may be given in conjunction with salicin and cimicifuga. A small dose of the oil of gaultheria may be added to the above prescription. In some old cases there is anæmia. These require iron.

Eczema of the Face.

Dr. J. S. asks advice as regards a case of persistent eczema of the face in a young lady. The disease sometimes almost entirely disappears, but it recurs.

Nothing is said of the condition of the tongue and digestive organs and of the patient's habitual diet. These are important matters, because chronic eczema often depends upon digestive deficiency. Such cases will never be cured by local means alone. A radical cure can only be effected by inquiring narrowly into this subject. Remedies which stimulate the secretion of the liver and intestinal glands are of service in a large proportion of cases. A bedtime pill containing ipecac, rhubarb, aloes, or podophyllin, with the addition, it may be, of some calomel or mercury with chalk, will be of service. If there is any anæmia, iron and tonics are useful. Sometimes the affection depends upon the neurotic condition of the nervous system, and in such a case we must direct our remedies to that important part of our organism.. The systematic use of hot water upon the face, or the application of hot air, is useful. An efficient ointment in chronic eczema of the face is made by incorporating from 5 to 20 grains of betanaphtol and from 5 to 10 grains of carbolic acid in an ounce of cold cream or lanolin.

Chronic Bronchitis.

Dr. H. describes a case of chronic bronchitis with loose, but easy, cough and profuse expectoration which had failed to yield to the many remedies which had been tried.

In such a case benefit may often be obtained by:—

℞ Creosoti, *m*ij.
Pulv. aluminis, gr. ij.

M. et ft. in capsul. no. j.

Sig.: Take one such capsule four times a day.

The quantity of creosote can be increased according to tolerance.

The resin of copaiba and turpentine are likewise useful in such cases.

Headache after Typhoid Fever.

Dr. G. asks what shall be done for a large and strongly built man who complains of persistent, dull, aching pain in the forehead nearly every day. Sometimes he has nausea, but never vomits. The headache dates from an attack of typhoid fever four years ago. Convalescence was tardy.

Answer.—There has probably been some meningeal thickening. It is advisable to try the effect of a combination of the iodide and bromide of potassium. Headache is a sequel in some cases of severe fever. We have seen it follow yellow fever, for instance.

In this instance we should prescribe 10 grains each of the salts thrice daily, gradually increasing the amount if well borne.

Neuroses Following Menopause.

Dr. A. writes of a woman, 48 years of age, whose catamenia became irregular three years ago and ceased entirely one year ago. She has suffered during the last year from vertigo, "flashes of heat," flushing of the face, and feelings of tension within the head. The attacks begin and end suddenly, usually occurring in the early morning. Occasionally she has a sense of formication in the face and sometimes suffers from frontal headache.

Answer.—Such cases are generally benefited by:—

℞ Potassii bromidi, ℥ij.
Pulv. camphoræ, ʒiss.
Sacchari albi,
Pulv. acaciæ, aa q. s.
Aquæ mentha piperitæ, ℥viij.

M. Sig.: Dessert-spoonful night and morning.

A combination of quinine and strychnine will also be found of service in such cases, especially when accompanied, as they frequently are, by excessive flatulence.

Correspondence.

CHRONIC ANÆMIA.

At the present time, while recognizing the existence of idiopathic anæmia, the tendency is to regard the impoverished state of the blood as the result of various diseases of organic or functional character. Thus, an anæmic condition is often observed in chronic gastro-intestinal troubles; as a sequel to the infectious fevers; in chronic malaria, tuberculosis, and syphilis; in affection of the heart and kidneys; in uterine diseases, etc. Under these circumstances the treatment of the anæmia becomes only a part of the general therapeutics of the disease of which it is an accompaniment.

Every case presenting the classical signs of the anæmic state, and in which an examination of the blood reveals diminution of the number of red blood-corpuscles and a reduction in the percentage of hæmoglobin should therefore be closely studied with a view of determining the presence of some primary disease.

For these reasons we must individualize in the treatment. Frequently the use of iron must be associated with that of other drugs. Arsenic is an exceedingly valuable *succedaneum* of iron in anæmia of a severe type, whatever be its cause. The difficulty of administering the latter drug in these cases has been that frequently it is badly tolerated by the digestive organs. Lately, however, I have become acquainted with a preparation of iron and arsenic to which this objection does not apply. The preparation referred to is hæmoquinine, and contains both these drugs, as well as quinine. To illustrate its action I report two cases among a considerable number:—

Miss O., aged 23, had gone through an attack of typhoid fever which had left her in an extremely anæmic state. She was very pale and weak, and complained of palpitation of the heart, dyspnœa on exertion, and complete loss of appetite. I found her spleen distinctly enlarged, but there was no organic disease of the heart and lungs. She had been taking simple bitter tonics in alternation with tincture of iron without the least improvement. Hæmoquinine, was given in dessert-spoonful doses three times daily, the existing constipation being relieved with cascara sagrada. After two weeks' treatment she reported feeling much better. She was directed to continue treatment for another three weeks and then report. At that time she had gained fifteen pounds in weight, the cardiac palpitation had disappeared, and a rosy tint had replaced the pallor of the skin and mucous membrane. Enlargement of the spleen was no longer present.

Mrs. M. C., aged 35, mother of one child 5 years old, had been weak and emaciated since a miscarriage four months before coming under my care. I found her in an extremely anæmic state, very nervous, and greatly troubled with cardiac palpitation; she was constipated and had no appetite. Her previous treatment had consisted of simple tonics. She now received hæmoquinine, 1 dessert-spoonful in milk three times daily after meals. At the end of three weeks she was wonderfully improved; she had gained in flesh, slept soundly, and ate heartily. Treatment was continued and in two months she had entirely regained her health.

S. D. Warnock, M.D.

Atlanta, Ga.

Medical News and Miscellany.

The Japanese Red Cross Society.—The Associate Society of the Red Cross, No. 1, of Philadelphia, the object of which is the relief of suffering from various calamities within the boundaries of the State of Pennsylvania, has sent out a circular letter asking for assistance in raising $5000. The money is said to be required to equip ten nurses and give them transportation to Japan, and to insure their return to this country. This is traveling far beyond the boundaries of Pennsylvania. Before raising funds and sending young women all the way to Japan has this society assured itself that such aid is really required? It may be doubted whether such assistance is needed. According to the testimony of Dr. Nicholas Senn, than whom there is no better judge and who knows whereof he speaks, the Red Cross Society of Japan is exceedingly well organized, and is so well supported by the people that nearly every family in the empire is represented in its membership. The society is also cordially supported by the medical profession. From a visit which Dr. Senn made to the headquarters of the society he was greatly impressed by the completeness of the preparations for the emergencies of war. The society is able to load a hospital ship or a railway train in a day or two and dispatch it to the seat of war without bustle or confusion. The surgeons and nurses are under military discipline and are always ready to respond to the call to duty. The Red Cross Hospital in Tokio is the best in the city. In this hospital the female nurses receive their training. The principal member of its staff is a retired surgeon-general of the army. The nurses serve an apprenticeship of three years and are obliged to pass a rigorous examination before they receive their certificates.

From these statements it would seem that the Japanese are well able to take care of their sick and wounded without calling upon the Philadelphia Society.

Seventh International Congress of Otology.—At the Congress to be held at Bordeaux on August 1 to 8, 1904, the following reports will be presented: First question: "Choice of a simple and practical acoumetric formula." Reporters: MM. Politzer, of Vienna; Gradenigo, of Turin; and Delsaux, of Brussels. Second question: "Diagnosis and treatment of suppurations of the labyrinth." Reporters: MM. Brieger, of Breslau; von Stein, of Moscow; and Dundas Grant, of London. Third question: "Method of opening otogenic encephalic abscesses and their after-treatment." Reporters: MM. Knapp, of New York; Schmiegelow, of Copenhagen; and Botey, of Barcelona.

The Construction of Insane Hospitals.—In view of the fact that nearly a million dollars is about to be spent in a number of different States for new buildings for the insane, Charities inquires whether there might not be an increase in efficiency and decrease in cost if the experiences of the different States were in some way made available for general use. Charities considers that it would be helpful if some expert in hospital construction would prepare a treatise on the building of hospitals for the insane, illustrated with plans and elevations and equipped with references to localities where successful exponents of sound theories of construction could be seen and studied.

The New Medico-Chirurgical Hospital.—The new, beautiful, and commodious structure erected to replace the building which was destroyed by the explosion last year was formally dedicated on the evening of February 23, 1904. A large and interested audience was present. Judge Abraham M. Beitler presided, and prayer was offered by Bishop Cyrus D. Foss, of the Methodist Episcopal Church. Ex-Mayor Charles F. Warwick, on behalf of the Building Committee, presented the buildings in a speech in his happy vein of oratory. Judge Beitler accepted the buildings for the Board of Trustees. In the course of his remarks the speaker reviewed the remarkably rapid progress which the institution had made. Judge Beitler was followed by Mr. Hampton L. Carson, Attorney-General of the Commonwealth of Pennsylvania. Mr. Carson delivered a characteristically eloquent address, which was listened to with much pleasure by all present. At the conclusion of the formal exercises the new building was thrown open for inspection.

Ownership of the Name "Valentine."—Dr. Ferd. C. Valentine, of New York City, has issued a protest against the assumption of the name "Valentine" by a chemical company which advertises a preparation for which it claims specific and wonderful value in the treatment of gonorrhœa, its complications and sequelæ. The capsule they sell bears the name of "Benzol-capsule Valentine." As Dr. Valentine has written much on the subject of gonorrhœa, he feels it incumbent upon himself to prevent, as far as lies in his power, any deception of the profession by the misuse of his surname. He has caused to be prepared a petition for an injunction against the use of the name "Valentine."

Obituary.—Dr. Alvah R. Davis, son of Dr. W. F. Davis, of Dover, Del., died in Rawlins, Wyo., after an illness of two days, of pneumonia. The deceased had been located only four months in Rawlins, but had already gained an enviable reputation, and his prospects for the future seemed bright. We regret to record his premature death.

How He Met Himself.—Mr. Hookem, of Philadelphia, was fishing on a New England lake two years ago, and caught so many large fish that even his veteran guide was surprised.

Mr. Hookem then wore a full beard, which he has since shaved off.

This summer he was again fishing on the same lake and with the same guide. Not catching any fish, he naturally inquired what the reason might be; whereupon the guide said: "The weather has been bad, and the wind is wrong. But, truth to tell, there has been very poor fishing here ever since a fish-hog by the name of Hookem was here two years ago."—J. H. ROHRBACH, in April Lippincott's.

Synchronous Occurrence of Influenza and Typhoid Fever.—Stolkind considers at first the question of mixed infections—a subject which has not been sufficiently investigated. He quotes briefly from literature similar conditions. Bacteriologists — as Pasteur, Koch, Loeffler, and others—have determined with certainty that, directly before the beginning of a disease, certain bacteria have been found at the time, either opposing or assisting the other micro-organisms. The occurrence of vaccination during a syphilitic infection shows that both poisons act completely distinctly from each other. Vincent found, in a simultaneous infection with typhoid bacilli and streptococcus, the action of both bacteria. It has occurred, although seldom, that an infection in the course of an existing infection has acted favorably and even curatively. Clinicians before the days of bacteriology have had long disputes on the possibility of the simultaneous occurrence of two acute exanthematous diseases. Kirschman in 1898 observed, in an epidemic, the simultaneous occurrence of measles and scarlet fever.

Text-books say little about mixed infections, and even in Nothnagel's encyclopædia it is very briefly considered. The following mixed infections have, however, been recorded in the literature: typhoid and malaria; chicken-pox and measles; measles, scarlet fever, and vaccinia; diphtheria and measles; diphtheria and scarlet fever; measles and typhoid fever. The occurrence of typhoid with dysentery, with Asiatic cholera, with chicken-pox, with erysipelas, and with scarlet fever has been noted. The occurrence of typhoid and influenza has been rarely seen, and the author adds his case to those recorded by Anders and Kübler. The history of his case is briefly as follows: In a dwelling where two persons were ill with typhoid and two with influenza, a woman who had never had typhoid or rheumatism became sick. The occurrence of coryza, cough, the early inflammation of the respiratory tract, angina, laryngo-tracheitis and lobular pneumonia, the profuse sweats during the entire illness, and the irregular temperature curve seem to point to influenza, while the early splenic enlargement, the roseola, the diarrhœa, the tenderness and gurgling in the right ileo-cæcal region, the dicrotic pulse, the further course of the temperature, with the marked typhoid habitus, indicated typhoid. The examination of the sputum showed the presence of Pfeiffer's influenza bacillus, while the blood gave a positive Widal reaction in a dilution of 1 to 50.—Albany Medical Annals.

Dinner to Dr. Chandler.—Nearly half a hundred prominent physicians of this city, Delaware, and Maryland recently gave a dinner at the Walton in honor of Dr. Joseph H. Chandler, of Centreville, Del., president of the Joseph H. Chandler Medical Club of Delaware. Dr. Hobart A. Hare, of this city, was the toastmaster, and the speakers included Dr. Joseph Hearn, Dr. Swithin Chandler, and Dr. E. E. Montgomery, of Philadelphia; Dr. J. L. Forwood, of Chester; Dr. Joseph H. Chandler, the guest of honor, and Dr. Joseph P. Pyle and Dr. Willard Springer, of Wilmington; Dr. John V. Shoemaker, Dr. John B. Deaver, Dr. R. J. Phillips, Dr. Francis R. Packard, Dr. Walter V. Woods, Dr. Clarence P. Franklin, Dr. Henry C. Boenning, Dr. John H. Musser, Dr. Ernest Laplace, Dr. Wilmer Krusen, Dr. William E. Ashton, Dr. John A. McKenna, Dr. William Drein, and Dr. Charles L. Leonard, of Philadelphia.

The officers of the club are: President, Dr. Joseph H. Chandler; vice-president, Dr. Swithin Chandler; secretary and treasurer, Dr. John Palmer; Executive Committee, Dr. John Palmer, Dr. H. R. Spruance, Dr. W. H. Springer, Dr. H. J. Stubbs, Dr. Joseph P. Pyle,. and Dr. F. Harvey Day.

Army Medical School.—A new plan for admission to the medical corps of the army has been approved by the Secretary of War and will go into effect with the class next year at the Army Medical School. The class this year entered under the same examinations as heretofore.

The new plan for admission is to place on the list of eligibles for commission as assistant surgeons in the medical corps of the army all graduates of the medical school who shall have passed the final examination with a mark of 80 per cent. or over. During their course at the school they will be paid $100 per month. The plan of admission calls for examinations, physical and mental, and candidates must be graduates of reputable medical schools and have had at least six months' practice in hospital or the equivalent. The examinations are to be conducted under the supervision of a board of medical officers of the army, and candidates who pass the entrance examinations with a mark of 80 per cent. or over will be entered in the school.

The scholastic year is from October 31st to May 1st, and graduates will be selected in order of their standing for commissions. It is believed that this plan will have many advantages over the old one, where the candidates for admission to this branch of the army could not well be placed under the observation of old officers. It will also furnish trained physicians who may engage in contract work among the national guard or in the volunteers in time of war, and it will send out a corps of physicians who have had the advantage of an extended course of training in an army medical school.

It is believed that it will prove attractive to many young physicians who will take advantage of the opportunity to obtain the training in the school, whether or not they may at the end of their course wish to enter the army. The plan has the approbation of the medical corps of the army.

The Merging of Two Medical Journals.—Messrs. E. B. Treat & Co., the publishers of the International Medical Magazine and of Archives of Pediatrics, have concluded to merge the two journals. We shall be sorry to miss Dr. Boardman Reed from the ranks of the editorial fraternity.

Neurological Society of Philadelphia.—The twentieth anniversary of the founding of the Neurological Society of Philadelphia was celebrated recently at the hall of the College of Physicians. Dr. Hobart Hare, president, presided. The following new officers were elected: President, Dr. Charles S. Potts; vice-presidents, Dr. D. J. McCarthy, Dr. William Pickett; secretary, Dr. F. H. Weisenburg; treasurer, Dr. J. H. W. Rhein; councilors, Dr. W. G. Spiller, Dr. W. Sinkler, and Dr. Joseph Siler. The anniversary observance was continued in the evening, when a banquet was given at the University Club.

Making it Perfectly Clear. — Patient — "Well, I'm unable to sleep, can't eat, my bones ache, my head is splitting, and I have a high fever." Doctor—"Otherwise, however, you feel quite well?"

April Lippincott's Magazine.—The title of the complete novel in the April number, "Incognito," is happily chosen. The author, Helen Sherman Griffith, a niece of the distinguished General Sherman, shows decided talent and originality. "Incognito" deals with the social experiences both at New York and Newport of his Majesty, the King of Ehrlund, who visits the United States incog. in order to escape the storm of indignation which is sure to follow his rash proclamation relating to royal marriages: He has declared that a king may marry whom he pleases.

An Irish tale by Seumas MacManus is called "The Penalty of Greatness." It abounds in national wit turned against a politician whose vanity causes his downfall. Baroness von Hutten contributes a lively story "About Young Maria Ibbetson." An easy dialect story by Ella Middleton Tybout is called "The Feast of Locusts," which, though rather hard on the minister, is irresistibly funny. "How the Professor Reduced Lovemaking to an Exact Science," by Joseph Blethen, gives a clever instance of a learned man's choice of a wife. An appealing little story about General Grant and an organ-grinder is by George Seibel. Its title is "'Tonio's General." The latest doings of the "Wee Macgreegor" are embraced in the story entitled "For Granpaw Purdie," by J. J. Bell.

A most agreeable paper by Elizabeth Robins Pennell is "The Woman Question in Utopia"; Prof. Cornelius Weygandt, of the University of Pennsylvania, writes of pleasant times he has spent "With Mr. W. B. Yeats in the Woods of Coole"; and "Personal Characteristics of Emilio Castelar" is translated and edited by Theodore Stanton.

The poems of the month are: "Bizarrerie," by Edgar Fawcett; "War," by Florence Earle Coates; "A Song of Seedtime," by Frank H. Sweet; "Geist und Gretchen," by Walter Hart Blumenthal; "The Dead Bough," by Edward Wilbur Mason; "A Southern Sunset," by Clinton Scollard; and "On One Who Was Unselfish," by Richard Kirk.

Some readers say they take their "Walnuts and Wine" first because they "can't wait" to read the newest and raciest jokes to be found in this department.

Superintendent from Minnesota. — The Presbyterian Hospital of Chicago has secured for superintendent Dr. Arthur B. Ancker, of St. Paul, who has been for several years superintendent and physician and surgeon in charge of the City and County Hospital, St. Paul.

The Ear Complications of Typhoid Fever. —Schumacher examined the ears of one hundred typhoid patients in the Children's Hospital of Oldenburg. These examinations were made regularly during the course of the disease. His conclusions are as follows: First, pathological changes occur in the ears of children in 47 per cent. of the cases during the course of typhoid fever, and in 78 per cent. of the cases where injection of the vessels of the tympanum are taken into consideration, or ten times oftener than in adults; second, the number and intensity of the ear complications are in direct relation to the severity of the disease; third, the infection occurs through the Eustachian tube and through the blood; fourth, cleansing the nasopharynx by means of syringing must not be attempted, owing to the danger of forcing infectious material into the ear through the Eustachian tube; fifth, the ears of typhoid patients must be examined regularly. The neglect of these rules will often result seriously for the patient.—New Albany Medical Herald.

Hygienic Cantata.—At the Washington (D. C.) Saengerbund concert, March 20th, a notable feature of the performance was a cantata, "Hymne an Hygeia," composed and orchestrated by Dr. John C. Hemmeter, of Baltimore.

The March McClure's.—In this issue the light is shed on several of the nation's dark places greatly to the interest of the public. Especially startling in its illumination is a powerful article on "The Case of the State of Kentucky *versus* Caleb Powers," by Samuel Hopkins Adams. For the first time on a printed page Mr. Adams presents the facts concerning the bitter political feud which cost the life of William Goebel, the man who raised himself by his own boot-straps into the governorship of a great State, and the efforts of his followers and friends to revenge his death in reckless and wrathful disregard of every other consideration.

Of especial significance and timely interest is the first of a series of papers on "The Negro: The Southerner's Problem," by Thomas Nelson Page, in which he discusses "Slavery and the Old Relation Between the Southern Whites and Blacks." Mr. Page writes on this pressing subject with an authority born of personal knowledge. Miss Tarbell adds to her Standard Oil history in this number an account of "The Troubles of a Trust."

There is more of public interest in the impressions presented by Pres. H. S. Pritchett, of the Massachusetts Institute of Technology from his trip over the famous German experimental electric road while speeding "A Hundred Miles an Hour." A true and thrilling story of a race won by an American man-o'-war against the elements is told in "The Run of the *Altamaha*," by Joseph Stickney, with illustrations by Corwin Knapp Linson. Charles G. D. Roberts contributes a sympathetic study of animal life in "The Alien of the Wild." Anthony Hope, in his strongest romantic style, solves "The Riddle of Countess Runa." Edward Cummings describes that transforming effect of environment and circumstance on "The Coward," who dies a hero's death to save his command. Rex E. Beach has a skillfully humorous article from the far west on "The Colonel and the Horse Thief." Myra Kelley dips into the race problem of New York's polyglot east side in a fetchingly comical tale of "When a Man's Widowed," and later, save the mark, when he's married. Mary Stewart Cutting indulges in sweetly sentimental domesticity in "The Terminal," while Jeanette Cooper consumes "A Candid Violet" to the great entertainment of her readers in a pseudo-endeavor to justify feminine inaccuracy. The heroism of the commonplace is described by W. H. Boardman in "A Kind of Hero" who forgets self for duty. "Genius," a poem by Florence Wilkinson, displays its own inspiration.

Change of Superintendents. — Dr. William W. Ray has retired from the superintendency of the Western Kentucky Asylum for the Insane, Hopkinsville, and has been succeeded by Dr. Milton Board, Jr., of Hardinsburg.

A Conference on Tuberculosis in Berlin.—Every year the superintendents of the various institutions for the treatment of tuberculosis throughout Germany meet in Berlin. This year all those who are engaged in restricting the spread of tuberculosis were invited to take part in the conference. A striking result that was brought out at the meeting was that in reference to the influence of climate in the treatment of tuberculosis. It was officially shown that 30 per cent. of all the patients recover who are properly treated in sanatoria; at least four years after the discharge they are pursuing useful occupations, and this while living in a climate the same as that in which the disease developed. In the opening address of the congress, which was delivered by B. Fraenkel, references were made to the educational value of sanatoria. Of especial importance are the prophylactic teachings which they inculcate.—Medicine.

Hereditary Syphilis in the Second Generation.—Vincenzo Chirivino writes interestingly of two supposed hereditary syphilitics, grandchildren of syphilitics. The proofs offered are fairly conclusive, but these are not entirely unquestionable and there are a few doubtful points. The positive points, however, easily outweigh the doubtful ones, which are very few considering the difficulty of getting a full present and past history for three consecutive generations. The author reports two cases with almost unquestionably conclusive history of hereditary syphilis in the second generation, both showing characteristic syphilitic lesions. One case did not develop serious syphilitic lesions until she was 5 years old; but she had a papular eruption characteristic of syphilis in her mouth when only a month old. Neither of her parents showed any syphilitic signs, and the taint must have been dormant in them to reappear in the grandchild. Her father has a history clear of syphilitic taint, while her mother was the daughter of a woman who died of malignant syphilis. This shows the infection coming through the mother, as would have been expected. The other case, a boy, showed characteristic syphilitic lesions at birth. His parents were both hereditary syphilitics.—Medical Record.

Dercum's Disease and Osteomalacia. — Pennato says that there is a relation between Dercum's disease (adiposis dolorosa) and osteomalacia. This relationship has not been spoken of in the published observations on adiposis dolorosa, but several cases are on record in which changes in the joints have been noted. The nutrition of the bones is regulated by the trophic centers, and these are markedly affected in Dercum's disease. We know but little as regards the origin of adiposis, except that it arises under the influence of nervous disturbances. Pennato reports a case of this affection in a woman aged 35 years, whose symptoms dated twelve years back. She slowly developed the signs of adiposis dolorosa, but in addition virtually lost all her teeth, with the exception of the inferior canines and one molar, although no caries developed. Symptoms referable to the bones began to appear almost at the outset of the disease, and consisted of a distortion of the right knee, a curvature of the leg, some years later the fracture of a clavicle, and still later of the left humerus. On admission the legs and thighs were semiflexed, and complete extension was impossible on the right side, on account of rigidity in the knee, with partial dislocation of the tibia inward. Pennato believes that osteomalacia should be included in the syndrome of Dercum's disease, although he admits that in the ordinary case of osteomalacia there are no signs of adiposis dolorosa. In the present case, so far as the large amount of adipose tissue would permit to be determined, there was no deformity of the pelvis, and the sternum and ribs were not altered in shape.—New York and Philadelphia Medical Journal.

Reception to Dr. Heller.—A reception was given at the Bingham House, Philadelphia, in honor of Dr. Henry D. Heller, State Quarantine Physician. Dr. Heller was presented with a handsome model of the new State quarantine tug, *Governor Pennypacker*.

The Differential Diagnosis of Typhoid Fever in Its Earliest Stages. — William Colby Rucker presents the following conclusions: 1. There is no single symptom in which alone an early diagnosis of typhoid fever can be made. It is only by careful consideration of the symptom-complex that a clinical diagnosis can be arrived at. 2. The most trustworthy, as well as the earliest, sign of typhoid fever is the presence in the circulating blood of the bacillus of Eberth. 3. The demonstration of the bacillus of Eberth in the blood is not beyond any fairly well-equipped laboratory. 4. The bacillus of Eberth is found in the fæces later than in the blood, but with comparative ease. The presence of the bacillus typhosus in the fæces is of great value as a corroborative sign. 5. The presence of the bacillus typhosus in the rose spots is a trustworthy sign, but has no advantages over the examination of the blood from other localities. 6. The serum reaction of Widal is seldom demonstrable during the earliest stages of typhoid fever. It is of value only in the higher dilutions.—Medical Record.

Columbia University, New York.—The following new appointments have been made at Columbia University: Dr. Edwin B. Cragin, Professor of Gynæcology; Dr. H. M. Painter, Clinical Professor of Obstetrics; Dr. Gorham Bacon, Professor of Otology; and Dr. William Kelly Simpson, Professor of Laryngology.

Baltimore Medical and Surgical Association.—At the annual meeting of the Baltimore Medical and Surgical Association the following officers were elected: Dr. James M. Craighill, president; Drs. William B. Perry and John T. King, vice-presidents; Dr. Eugene L. Crutchfield, secretary; Dr. Nathan Winslow, treasurer; Drs. Edward L. Whitney, Joseph H. Branham, and Martillus L. Todd, Executive Committee; and Drs. Wilmer Brinton, Daniel L. Dunnott, and Isaac R. Trimble, Committee on Honor.

Dr. Aoyama.—Dr. T. Aoyama, Dean of the Japanese National Medical University of Tokio, a prominent surgeon of Japan, has been visiting the United States on his way home from a period of study in Berlin.

The International Congress of School Hygiene.—This congress will be held in Nuremberg, April 4 to 9, 1904. The following are the titles of addresses to be delivered during the general sessions: 1. Professor Cohn, of Breslau: "What has ophthalmology done for school hygiene, and what has it still to do?" 2. Prof. Axel Johannesen, of Christiania: "On the state of school hygiene in Norway." 3. Dr. le Gendre, of Paris: "On the hygiene and the personal diseases of teachers with regard to their relation to the pupils." 4. Dr. Sickinger, of Mannheim: "Organization of elementary schools based upon the natural capacity of the children." 5. Professor Liebermann, of Budapest: "On the tasks and instructions of school physicians." 6. Professor Hueppe, of Prague: "Prophylaxis of infectious diseases in the school." 7. Professor Eulenberg, of Berlin: "On suicides of pupils."

Venous Pulse in the Forearm in Cirrhosis of the Liver.—Hitschmann has frequently observed that the subcutaneous veins of the forearm in cases of atrophic hepatic cirrhosis pulsate vigorously. The pulsation is synchronous with the cardiac action. Inspiration produces marked collapse of the vein, and there is a negative venous pulse. This applies also to the jugular veins. The phenomenon may be temporary or may persist during the whole course of the disease. It is most marked in the cutaneous veins on the radial side of the arm. If it temporarily disappears it can be made to return by warming the arm or allowing it to hang by the side until the veins become distended. Aspiration of ascitic fluid has practically no influence on it. The variety of cirrhosis is immaterial, and a venous pulse may occur in alcoholic, syphilitic, or cardiac cirrhosis in the atrophic stage. It is therefore probably due to a modification of the venous circulation by pressure on the portal vein at the porta hepatis.—British Medical Journal.

Rectal Exploration in Fracture of the Acetabulum.—Guibé holds that in cases in which fracture of the acetabulum is suspected the surgeon should never fail to make an examination by the rectum. In the female in cases of this kind rectal is preferred by Boeckel to vaginal examination. Pressure by the finger introduced into the rectum will, in a case of fracture of the acetabulum, excite pain at a fixed point corresponding to the bottom of the cavity. This, the author states, is a very important sign in injury of the pelvis and a sure indication of fracture involving the acetabulum. It will not, however, help the surgeon to distinguish between a starred fracture caused by impaction of the head of the femur, and a fissure prolonged from a fracture in some other part of the pelvis. Rectal examination will often afford other and more distinct signs, and enable the surgeon to feel on the inner surface of the acetabulum a firm, bony projection which may become larger and more prominent when the lower limb is forced upward, and diminish when the limb is extended. Sometimes, if the head of the femur has been forced into the pelvic cavity, the finger introduced into the rectum will distinguish the rounded extremity and follow the movements given to this projection by displacement of the thigh. Crepitus may also be made out by rectal examination during upward pressure or extension of the limb. —British Medical Journal.

Elimination of Water Through the Skin.—Schwenkenbecker thinks that water evaporates through the skin outside of the secretion of the sweat-glands. This cutaneous perspiration is a regulating process, but the amount averages as much as 28 grams an hour for a young man of ordinary size on a moderate diet and at moderate work. He conducted experiments on a large number of subjects, the results of which are tabulated, and the technique described. He comments on the paucity of our present knowledge in regard to the water metabolism, which was his inspiration for the present monograph.—Journal of the American Medical Association.

Idiopathic Pleurisy.—Sears has investigated a number of cases of idiopathic pleurisy for the purpose of estimating their relation with tuberculosis. The tables show that a considerable proportion at least becomes tuberculous. He thinks that the results do not support Cabot's hopeful view, but rather raise the suspicion that an attack of pleurisy may be a manifestation of a suspected taint causing death at a later period. How great the damage is he does not say, but the conclusions which he considers justified are to the effect: 1. That about 10 per cent. of his 439 cases plus Cabot's 300 are known to have developed tuberculosis. 2. That over 55 per cent. of all cases which were followed to their death had died from some form of tuberculosis. 3. That tuberculosis, when it occurred, developed within five years in over 50 per cent. and within ten years in over 70 per cent. 4. That this danger is much increased by a tubercular family history or a personal history of some form of tuberculosis previous to the attack.—Journal of the American Medical Association.

Cerumen as a Cause of Cough.—Breitung reports the case of a boy who had coughed a long time in paroxysms, with a tickling sensation in the larynx. The cough was very severe, and no cause for it could be found. Finally the author discovered cerumen impacted in his ear, which was softened and removed by syringing. While doing this he caused severe attacks of coughing. After the ear treatment was stopped, the cough disappeared, nor has it returned in the three years which have passed since. Breitung believes that this is a frequently undiagnosed cause of reflex coughing.—Journal of Medicine and Science.

Fractured Clavicle in Utero.—E. Sydney Hawthorne, M.D., of New South Wales, reports the following case: The patient was delivered of a full-term child without any trouble. On examining the infant I observed a small tumor of the size of a walnut situated at the center of the right clavicle. It was hard, dense, and immovable, and gave apparently no pain on pressure. No crepitus was felt on moving the arm and shoulder-blade, and there was no limitation of movement. The structures surrounding it were freely movable, and the skin over it was perfectly normal in appearance. I diagnosed a fractured clavicle united with callus surrounding the broken ends of the bone. I have frequently examined the infant during the past three months. The tumor has become less in size owing to absorption of the excessive callus, and it is now represented by a small hillock on the upper surface with a corresponding depression beneath, due to the ends of the bones being tilted upward and in almost perfect apposition—a condition usually found in greenstick fractures of the young. There was no history of injury to the mother during her period of pregnancy.—Medical Review of Reviews.

Hektoen Goes Abroad.—Dr. Ludvig Hektoen, of Chicago, head of the McCormick Memorial Institute for Infectious Diseases, will go to Europe early next month to prosecute researches on the scarlet-fever germ, and to secure information for use in the construction of a large hospital for infectious diseases, which is to be erected in the near future in Chicago.

Unilateral Hæmaturia from Chronic Nephritis.—Freeman reports a case of unilateral hæmaturia from chronic nephritis, with recovery after decapsulation. His patient, a man 59 years of age, had noticed blood in his urine some twenty years previous to consultation, and had had intermittent attacks, lasting from a few days to a few weeks, since that time. Previous to operation the bleeding was constant and profuse, and the patient very anæmic and much emaciated. Clots were passed, but there had been no pain in the region of the kidneys or along the ureters. Internal medication, crowded to the limit, proved of no avail. Segregation showed the hæmorrhage to be from the left kidney only, although that from the right contained casts and albumin. Under chloroform the left kidney was cut down upon and decapsulated. The capsule was firmly adherent, and after removal the bleeding from the cortex was with difficulty controlled by prolonged pressure. The blood disappeared from the urine within eighteen hours, and there had been no return in ten weeks. The patient gained twelve pounds in weight and his strength and energy to a remarkable degree. — Cincinnati Lancet-Clinic.

Early Symptom of Severe Appendicitis.—Moszkowicz calls attention to the serous effusion in the abdominal cavity, which he has found a constant accompaniment of the severer cases of appendicitis. Out of 46 cases, an effusion was found in the abdominal cavity in 27, and in the others it may have existed and retrogressed prior to operation. He believes that this serous effusion is frequently the first sign of impending trouble, before the patient shows any other symptoms indicating a severe involvement, and liable to occur while he still feels quite well. When it is found, it should be regarded as the precursor of diffuse suppurative peritonitis—a signal for operation at once. The effusion is a sign that a large amount of bacterial toxins has already diffused into the abdominal cavity. It resembles in this respect the œdema which accompanies a serious phlegmon on the leg or arm.—Journal of the American Medical Association.

Nonsyphilitic Perforation of Septum.—Felix notes the importance of understanding all causes of perforation, because specific treatment might be begun and continued for years without benefit. Among other causes are: Simple ulcer, which never attacks bone; occupation ulcerations, occurring in workers in cement, the chromium salts, alizarine, and Swedish matches, which may involve bone. Perforation is common also in cobalt mines and wherever arsenic is used in manufacturing; also in factories of glass, paper, dextrin, sodium carbonate, and hydrochloric acid. Other causes are atrophic rhinitis, traumatism, perichondritis, and foreign bodies. Perforation may also complicate typhoid fever, diphtheria, small-pox, tuberculosis, lupus, leprosy, glanders, rhinoscleroma, sarcoma, adenoids, dental cyst, Bright's disease, and tabes dorsalis. Other proof than mere perforation is therefore required to establish a diagnosis of syphilis.—New York and Philadelphia Medical Journal.

Central Rupture of the Perineum by the Elbow in a Breech Presentation.—Central perineal ruptures are rare. R. Azwanger records a case which is probably unique. He was called to a healthy, well-built primipara, aged 22, when the breach which was in the second position, had already engaged in the pelvis. When such progress had been made that the breech could just be seen between the labia, a strong pain occurred and the half breech was born. On gently raising the breech a conical mass of the size of a pigeon's egg was seen to protrude between the posterior commissure and the anus. It was the left elbow. Before the advent of the next pain it was replaced in the vagina and delivered without rupture of the bridge of perineum, measuring about $^2/_5$ inch, which remained behind the vagina. The rupture became complete when the head was delivered. At the moment when the strongest pain occurred the left arm of the child was doubtless in the direct line of pressure.—British Medical Journal.

Tobacco Nerve-deafness. — Wyatt Wingrave reports 17 cases of tobacco nerve-deafness, and discusses the etiology, pathology, and treatment. He classifies the cases as:—

1. Pneumatic, having their origin in smoking a tightly packed pipe or cigar, in which a violent negative naso-pharyngeal pressure is exerted with each inspiration, leading to persistent hyperæmia.

2. Irritative, caused by the chemical and mechanical irritation of the smoke, inducing hypertrophic changes in the Eustachian tube and its connections.

3. Toxic, due to the accumulation of picrotoxin, nicotine, or other poison, inducing possibly a partial degeneration of the auditory nerve comparable to the degeneration of the papillo-macular fibers of the optic nerve in "tobacco-amblyopia."

In this connection it is suggestive that, though we have no definite histological evidence, there was a marked deficiency in the appreciation of low tones in 50 per cent. of the cases.

Analyzing these 17 cases, 8 occurred between 24 and 40 years of age, and 9 between 48 and 64. All smoked very strong tobacco in large quantities. The appreciation of low tones was defective in 8, tinnitus and vertigo being generally well marked. There was marked impairment of color-sense (red) in 12; 4 of these had well-defined scotomata; the disease was symmetrical in all cases.

As regards treatment, quinine and bromides have no appreciable effect, but strychnine pushed to full doses was more successful. These cases were completely cured in eight, nine, and twelve months, respectively; 9 showed marked improvement, 2 improved slightly. Complete abstinence from tobacco was absolutely essential to effect any improvement whatsoever in every case. — Cincinnati Lancet-Clinic.

Book Reviews.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A., with the collaboration of William Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; James Stewart, M.D., Montreal; J .B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thomas M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris; Richard Kretz, M.D., Vienna. With Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipzig, Brussels, and Carlsbad. Volume IV. Thirteenth Series, 1904. Philadelphia: J. B. Lippincott Company, 1904. Price, Cloth, $2.00, net.

This volume contains lectures and papers connected with the subjects of treatment, medicine, surgery, gynæcology, obstetrics, neurology, orthopædics, ophthalmology, and pathology. In these important departments of our profession representative men have chosen themes which are necessarily of interest. Professor Tyson, for instance, contributes a most excellent lecture upon gastric ulcer and its treatment. Professor Musser discusses the management of one of the most important of the acute infectious diseases—viz., croupous pneumonia. Professor Jullien, the distinguished French syphilographer, sends a report of one of his clinical lectures delivered at the University of Paris. Sir Dyce Duckworth has a paper upon an important subject, treated in interesting and suggestive style: "The Importance for Students of Physiognomical Diagnosis in Disease." Dr. F. J. Poynton is represented by an excellent clinical lecture delivered at the Hospital for Sick Children, London, on "The Parallelism Between the Clinical Symptoms and the Pathological Lesions of Rheumatic Fever." The work of Professors Keen and Senn is exemplified in clinical lectures by those eminent teachers. An important paper is by Dr. Albarran, of Paris, on the radical cure of prostatic hypertrophy by means of perineal prostatectomy. The author has performed the operation thirty-five times and has only lost one patient. Dr. Davenport, of Harvard University, writes of the nonsurgical treatment of displacements of the uterus. Professor Pinard, of Paris, discusses in a clinical lecture the subject of hysterectomy in acute puerperal infection. A clinical lecture upon several phases of nervous trouble is by Professor Brower, of Chicago. The diagnosis and treatment of acute glaucoma is the theme of a clinic by Dr. E. Valude, of Paris.

We have only attempted to cite a few of the contributions to this number, as illustrative of the important nature of the topics considered or on account of the prominence of the authors. Our readers will infallibly gather the correct impression that in this volume and the entire series they will have the opportunity to acquaint themselves with the doctrines and modes of treatment of many of the foremost members of their profession in all parts of the civilized world.

Transactions of the Medical Society of London. Volume the Twenty-sixth. Edited by Jonathan Hutchinson, Jr., F.R.C.S., and Henry Albert Caley, M.D., F.R.C.P. London: Printed for the Society by Harrison & Sons, 1903.

This volume is full of good matter. It contains many excellent papers and instructive discussions, and describes a number of clinical cases brought before the society. The editors are well known for their activity in professional and scientific labors, and have performed their task with fidelity. The opening address of the session was delivered by the president, A. Pearce Gould. The papers cover a wide field in medicine and surgery. The prevention of typhoid fever in armies, hæmatemesis, ovarian tumors, epilepsy, carcinoma, prostatic disease, chorea in pregnancy, syringomyelia, Dercum's disease—these are among the subjects which we find discussed in this volume. Included in the contents are the three Lettsomian Lectures by Dr. H. Radcliffe Crocker on the conditions which modify the characters of inflammation of the skin and their influence on treatment. In these scholarly lectures the distinguished speaker places clearly before his auditors the decided advance in the successful treatment of many eruptions as a result of increasing knowledge, not only of the diseases themselves, but also of their causes. He passes in review some of the chief methods of general and local treatment. The annual oration by Sir William H. Bennett is entitled: "Some Reflections, mainly Ethical, on the Present Position of Operations in the Practice of Surgery." Sound wisdom is embodied in this address, which inculcates the duty of studying when it is necessary to use the knife rather than mere manual and mechanical dexterity. He anticipates, moreover, that the higher physical forces will slowly, but surely, encroach upon the domain which has hitherto been subject solely to the rule of the surgeon. The papers are excellent specimens of what contributes most to the success of society meetings—to the point, stripped of all redundancy, thus permitting time and interest for discussion.

A Text-book of Pathology. By Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Octavo Volume of 933 Pages, with Text Illustrations, many in Colors, and 7 Full-Page Colored Plates. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

We voiced our appreciation of the worth of this book at the date of its original issue. Our opinion of its value has been certainly justified by the rapidity with which three editions have been exhausted. The book deals with rather a recondite subject, yet one that lies at the foundation of scientific practice. The writer has the art of presenting his topics in such a manner as to excite the interest of the student and to explain the morbid alterations in a lucid style. In the fourth edition the original plan of the work has been preserved, while the permanent additions to knowledge which have been published in the last two or three years have been woven into the text. Several important chapters have been practically rewritten. The section on immunity, in particular, needs constant revision in order to keep abreast with the progress of knowledge. The chapters on inflammation also require a vigilant eye, as well as the sections devoted to infectious diseases and those of the blood. The author has been conspicuously successful in his endeavors to maintain in consecutive editions the high standard set by his first.

Nervous and Mental Diseases. By Archibald Church, M.D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M.D., President New York State Commission in Lunacy; Chief of Clinic, Department of Nervous Diseases, College of Physicians and Surgeons. New York. Fourth Edition, Thoroughly Revised and Enlarged. Handsome Octavo Volume of 922 Pages, with 338 Illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

A work on nervous and mental diseases inevitably deals with some of the deepest problems which confront the human intellect. The publication of a fourth edition within a few years proves both the excellence of the work and the interest taken in its subject. The subject-matter appeals very strongly to the general practitioner, for there is not a day in which he is not called upon to consider the meaning of or express an opinion upon some phase of disordered nervous action. In fact, the work was prepared with special reference to the needs of the general practitioner. Very often—most often, we presume—the responsible duty of deciding upon the mental condition of a fellow-creature falls upon the family doctor. These cases are confessedly difficult and in certain instances especially so, and a reliable guide will consequently be highly prized. Such a guide, in both of its related fields, this book will be found, and we therefore continue the recommendation to the fourth which we gave to the first edition.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, other than Drug-giving, Useful for the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis-Cohen, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College, etc. Volume VII. Mechanotherapy and Physical Education, including Massage and Exercise. By John K. Mitchell, M.D., Fellow of the College of Physicians of Philadelphia, etc. And Physical Education by Muscular Exercise. By Luther Halsey Gulick, M.D., Director of Physical Training in the Public Schools of Greater New York, etc. With Special Chapters on Orthopædic Apparatus by James K. Young, M.D.; Corrective Manipulations in Orthopædic Surgery, etc., by H. Augustus Wilson, M.D.; and on Physical Methods in Ophthalmic Therapeutics by Walter L. Pyle, M.D. With 229 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1904.

Gesundheit ist besser als krankheit, say the Germans with undeniable truth. In this volume, therefore, much information can be gained by the attentive reader of Dr. Gulick's contribution, being the outcome, as it is, of a large experience in athletic training. Most boys and girls of healthy stock, especially if they are fortunate enough to be brought up in the country, lay in a good stock of muscular strength and physical vigor from their work and play. Artisans develop strength and health in the pursuit of their callings. There is, however, a large class, in the cities more particularly, who need systematic education in gymnastics. This class of young people will derive far more benefit by rational exercise than from being too tenderly cared for by anxious mothers. Rational exercise is not so much concerned with feats of strength as with activity in due proportion to the muscular power of each individual. Every physician will be benefited by the perusal of the portion of this volume which relates to physical exercise. In the absence of proper physical education or as a consequence of that exposure to the causes of disease which is the universal lot, there are many morbid conditions which are decidedly improved or are cured by the application of scientific massage, and Dr. Mitchell is peculiarly qualified to present the possibilities of this form of treatment. In this part of the volume the student is taught what massage can do and in what manner it should be performed. Orthopædic apparatus and corrective manipulations have a natural connection with the principal topics of the volume, and are satisfactorily discussed by writers fully competent for the task.

The Medical Epitome Series—Organic and Physiologic Chemistry. A Manual for Students and Practitioners. By Alexius McGlannan, M.D., Associate Professor of Physiologic Chemistry in the College of Physicians and Surgeons of Baltimore. Series Edited by W. C. Pederson, A.M., M.D., Instructor in Surgery and Anæsthesia in the New York Polyclinic Medical School and Hospital, etc. Illustrated with 9 Engravings. Lea Brothers & Co., Philadelphia and New York.

It is a difficult task to present even the cardinal facts of such an abstruse subject in brief compass. The author has succeeded in condensing the chief facts in such form as to be useful to the student or the practitioner who wishes to make a brief review of the subject. The book will serve as a guide to the fuller treatises.

The Complete Medical Pocket-formulary and Physician's Vade Mecum. Containing Upward of 2500 Prescriptions, Collected from the Practice of Physicians and Surgeons of Experience, American and Foreign, Arranged for Ready Reference under an Alphabetical List of Diseases; also a Special List of New Drugs, with their Doses, Solubilities, and Therapeutical Applications, etc. Collated for the Use of Practitioners by J. C. Wilson, A.M., M.D., Physician to the German Hospital, Philadelphia, etc. Third Revised Edition. Price, $1.75; thumb indexed, $2.00. Philadelphia: J. B. Lippincott Company.

The title-page very fairly describes the contents of this volume. In addition it includes many useful tables for the purposes of reference, such as a list of poisons and their antidotes, a list of incompatibles, a posological table, and much other information. Employed in a proper manner, a book like this is of service. The formulæ which have been collected from a great number of authors are suggestive, and exemplify modes of treatment adopted by eminent practitioners. Many a helpful idea can be gathered from the book.

CURRENT MEDICAL LITERATURE.

Spotted Fever (Tick Fever) of the Rocky Mountains: A New Disease. By John F. Anderson. Treasury Department, Public Health and Marine-Hospital Service of the United States. Hygienic Laboratory.—Bulletin No. 14.

Public Health Reports, volume xviii, Nos. 35-44, with Supplements; volume xix, Nos. 3-8.

The Treatment of Typhoid Fever. By Alfred Stengel, M.D., Philadelphia.

The Management of Exacerbations in the Course of Pulmonary Tuberculosis. By John F. Russell, M.D., New York.

Articular Rheumatism and Some Allied Conditions. By Alfred Stengel, M.D., Philadelphia.

A Pharmacological Study of an Aseptic Preparation of Ergot Devised for Hypodermic and Internal Administration. By E. M. Houghton, Ph.C., M.D., Detroit, Mich.

A Forward Movement. Addresses by Hon. Grover Cleveland, LL.D., Ex-President of the United States, and other Eminent Speakers. Witherspoon Hall, Philadelphia, December 11, 1902. Third Annual Conference, Berean Manual Training and Industrial School, South College Avenue, opposite Girard College.

Ohio State Board of Medical Registration and Examination. Seventh Annual Report, 1902.

The Therapeutic Status of the Coal-tar Production in General Nervous Affections. By F. Savary Pearce, M.D., Philadelphia.

Epiphenomena of Cerebral Hemorrhage. By F. Savary Pearce, M.D., Philadelphia.

The Nervous Cardiac Symptoms Due to High Altitudes. By F. Savary Pearce, M.D., Philadelphia.

An Interesting Case of Lupus Vulgaris. R. R. Campbell, M.D., Chicago.

A Clinical Lecture on Some Mental and Nervous Diseases. By F. Savary Pearce, M.D., Philadelphia.

Iodoform Substitutes and Adulteration. By V. Coblentz, Ph.D., New York.

A Comparative Study of Mandibular Protrusion. By Edward C. Kirk, D.D.S., Sc.D., Philadelphia.

Twenty-fifth Annual Report of the Board of Directors of the Eighth and Ninth Wards Association of the Philadelphia Society for Organizing Charity.

A Case of Defective Speech, Due to a Form of Spinal Cord Disease Resembling Disseminated Sclerosis. By G. Hudson-Makuen, M.D.

A Brief Account of the Pennsylvania Infirmary for Diseases of the Eye and Ear, Established in the City of Philadelphia in the Year 1822. By Charles A. Oliver, A.M., M.D., Member of the Library Committee of the College of Physicians of Philadelphia, Philadelphia.

The Mydriatic Drugs and Their Active Principles. The Ophthalmologic Relations. By Charles A. Oliver, A.M., M.D., Philadelphia.

Quantitative Changes in the Blood in Pulmonary Tuberculosis. By Martin L. Stevens, M.D., Asheville, N. C.

A Histologic Study of the Crystalline Lenses of a Hanged Criminal. By Charles A. Oliver, A.M., M.D., Philadelphia.

An Experimental Investigation of Trypanosoma Lewisi. By Edward Francis. Hygienic Laboratory Bulletin, No. 11.

A Statistical Study of the Intestinal Parasites of Five Hundred White Male Patients at the United States Government Hospital for the Insane. By Philip E. Garrison, Brayton H. Ransom, and Earle C. Stevenson. A Parasitic Roundworm (*Agamomermis culicis*, n. g., n. sp.) in American Mosquitoes (*Culex solicitans*). By Ch. Wardell Stiles. The Type Species of the Cestode Genus *Hymenolepis*. By Ch. Wardell Stiles. Hygienic Laboratory, Bulletin No. 13.

Some Types of Retinitis and Chorioretinitis. By Alexander Duane, M.D., New York.

The Treatment of Cardiac Hypertrophy and Dilatation. By Roland G. Curtin, M.D., Philadelphia.

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An Ephemeris of Materia Medica, Pharmacy, Therapeutics, and Collateral Information. January, 1903. E. R. Squibb & Sons.

An Ephemeris of Materia Medica, Pharmacy, Therapeutics and Collateral Information. Volume VI—1900-1902, and General Index for Volumes I and VI. By Edward H. Squibb, M.D.

The Facts in a Case of Hematuria. By Charles H. Chetwood, M.D., New York.

Annual Announcement and Catalogue of the Baltimore Medical College.

Monthly Report of the Board of Health for the Philippine Islands and City of Manila. February, 1903.

Reflex Neuroses. By William Cheatham, M.D., Louisville, Ky.

Seventh Annual Report of the Board of Managers of The Pennsylvania Epileptic Hospital and Colony Farm.

The Technic of Nephropexy, with Special Reference to a Method of Attaching the Kidney as Nearly as Possible in its Normal Position. By Ramón Guitéras, M.D., New York.

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On the Histo-pathological Alterations of the Lymph and Blood-vessels in Syphilis. By A. Ravogli, M.D., Cincinnati.

Teachers' Sanitary Bulletin. Published Monthly by the State Board of Health, Lansing, Mich. March-September, 1903.

The Clinical and Chemical Study of a Case of Dental Erosion. By Dr. Edward C. Kirk, Philadelphia.

The Predisposing Factor in Dental Caries. By Edward C. Kirk, D.D.S., Philadelphia.

Paroxysmal Delirium. A Short Study in Autoinfection. By W. C. Hollopeter, M.D., Philadelphia.

COMMERCIAL NEWS.

BRIEF OBSERVATIONS ON SOME CONDITIONS IN WOMEN THAT ARE OF MUCH CONCERN TO THE PRACTITIONER.

J. RIDGLY SIMMS, A.M., M.D.,
RACINE, WIS.

THE conditions of which I wish to speak are dysmenorrhœa, and the state following miscarriage or abortion, in which there are retained portions of the placenta and membranes that require removal or expulsion.

For lack of space I shall devote myself, in the present paper, chiefly to dysmenorrhœa, and will dismiss the condition following abortion with a few remarks which may as well precede the other part of my article. I reserve for a future communication the detailed discussion of this important and interesting clinical condition.

The effects of retained placental or fœtal tissue in a partially successful miscarriage or abortion consist in hæmorrhages, purulent discharge, enlargement of the uterus, subinvolution, metritis, endometritis, and sepsis. The indications in these cases are, therefore, the thorough emptying of the uterus and the rendering of the womb-cavity aseptic.

In ordinary cases this must be done by surgical interference, including curetting and the removal of all decomposing and diseased tissue, followed by the application of antiseptics to the endometrium. There is a class of cases, however, in which for one reason or another curettage is refused by the patient, and in which it is incumbent upon the physician to give what relief he can by medical means. In such cases I have prescribed Ergoapiol (Smith), a combination of the active principles of ergot (ergotine), parsley (apiol), and certain other emmenagogues and uterine tonics. In one case of this kind which came under my observation some months ago I used Ergoapiol (Smith) with such marked success that I learned since then to rely upon this preparation in removing the retained fragments from the uterus, emptying the organ and reducing it to its normal size and functions. The remedy in question has proved so trustworthy in my hands in these cases that when it disappoints, which it rarely does, I look about to ascertain wherein I myself have erred.

A discussion of the causes of dysmenorrhœa would lead us too far in the present brief clinical paper, and it will suffice if I assume that the reader is acquainted sufficiently with this part of the subject to follow me in the remainder of the article. The clinical diagnosis of dysmenorrhœa is in itself easy enough, while the diagnosis of the cause is not always so simple. In the cases presented here I paid especial attention to the causation of the menstrual pain, as I believe that in this manner I was better able to outline the indications for treatment. It goes without saying that dysmenorrhea from mechanical obstruction is not amenable to medical treatment. Fortunately, however, it has been, in my experience at least, not frequent as dysmenorrhœa depending upon congestion. The specially disagreeable and intractable form of dysmenorrhœa which is accompanied by a fœtid discharge as a result of the decomposition of the retained menstrual blood also comes under discussion here, as the use of douches with antiseptics and deodorants cannot be hoped to affect it permanently, while the employment of more radical medicinal means does bring about the desired effect in this condition.

In congestive dysmenorrhœa, and in that form which is accompanied by fœtid discharge, the indications are to diminish congestion by promoting the contractions of the uterus and relieving it of the accumulated blood, to stimulate glandular activity in the mucosa, to restore the tone of the uterus and the nutrition of its tissues to normal, and to relieve spasm and pain.

The following cases illustrate the effects which I obtained with the use of Ergoapiol

(CONTINUED ON ADVERTISING PAGE 18)

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(Smith) in the treatment of dysmenorrhœa:—

Some months ago I was consulted by a young woman who had suffered from scanty, fœtid menstruation, accompanied by a great deal of pain, since the birth of her first child, seven years previously. Her labor had been followed by a tear of the perineum which had been left unrepaired, and also a laceration of the cervix uteri. This patient consulted a specialist, but his treatment did not give her relief. Examination revealed the presence of the uterine and perineal lacerations already mentioned, and disclosed a chronic endometritis that had given rise to a fœtid discharge and to pain during each menstrual period. I repaired the tears, curetted the uterus, and hoped in this manner to obtain permanent relief of the patient's symptoms. After she had recovered from the operations she declared that she was feeling better than she had been for years. But very soon the fœtid discharge and the pain returned at each menstrual period, and evidently something else had to be done if I wanted to save my reputation. I then tried local applications, alteratives, uterine tonics, etc., all without avail, until finally Ergoapiol (Smith) was given. The result was immediate relief and a gradual and permanent improvement in the menstrual flow until it was free from pain and devoid of any disagreeable odor.

This patient was evidently suffering from congestive dysmenorrhœa, which was intensified by the presence of lacerations of the cervix and the perineum which had existed since parturition. The result attained illustrates very well how Ergoapiol (Smith) acted upon the uterus, restoring its tissues to normal condition and re-establishing the menstrual function upon its normal basis.

Another type of dysmenorrhœa, that which I term "nervous," but which the authorities term "neuralgic," is illustrated by the following case which recently came under my care:—

The patient was a young woman who had been married two years, but had not borne

(Continued on Advertising Page 20.)

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any children. She stated that she had pain during the menstrual period from the first onset of menses, and at the time of examination she also complained of a fœtid discharge. The menstrual flow was scanty and rarely of blood-red color. Just before and after the period she had backache and headache, her complexion was unhealthy, not bright and clear as that of her sister, and she appeared older than she really was. She always dreaded the onset of the menses, which recurred with a regularity that is not always present in these cases. She was easily excited, and received impressions vividly and indelibly. Her digestion was poor, and she was often sleepless, irritable, and peevish.

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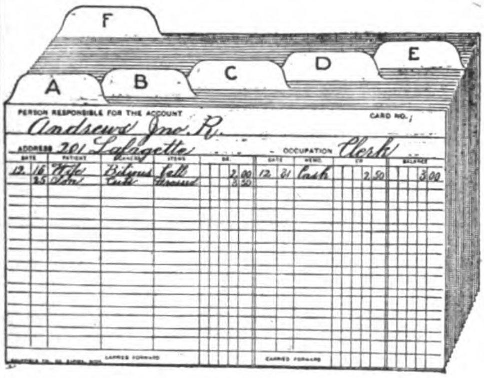
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At the age of 12 the characteristic thick, indistinct speech and stertorous breathing of the catarrhal subject became manifest, while at the same time the plugging of the pharyngeal opening of the Eustachian tube by the thickened mucous secretions gave rise to slight deafness.

The treatment had consisted of insufflations of the usual antiseptic powders, ante- and post- nasal douches with the modern germicidal solutions, while various astringent or disinfectant gargles and sprays were used for the tonsillitis, but these gave only temporary relief. It was apparent that only the membranous surface was thus freed of its obnoxious discharges and not the deeper submucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges, and it became self-evident that some more active method of treatment must be adopted.

In dental surgery it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, leptothris buccalis, etc. This fact is explained on the chemical ground that the alkaline base combines readily with these various weak acids with which it comes in contact, thus breaking up the solution and liberating the oxygen or oxidizing agent upon which its disinfectant properties depend. In a word, such an alkaline agent dissolves the mucous secretions and weak acids which form in the mouth.

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an antiseptic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply within the walls of the gland sacs should also be removed. Recognizing the force of the suggestion recently made by scientific investigation, *i.e.*, that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids, and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacs where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Feeling convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind—Glyco-Thymoline—being selected was applied thoroughly once every day by myself and three or four times daily by the patient. A 25-per-cent. watery solution (warm) of Glyco-Thymoline was made by me and applied in a fine spray to the post-nasal chamber by means of a hand atomizer. The nozzle was thrust up at the end so that when introduced well back into the pharynx the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength) with the Kress & Owen douche. At the same time an ounce of a 50-per-cent. solution of Glyco-Thymoline was gargled and used as a mouth wash three times daily for the purpose of hardening the flabby, congested tonsils.

The outcome of this simple plan of treatment soon made plain the fact that a germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels, after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient, who for the first time in several years experienced the sensation of possessing a clean, sweet mouth.

The hypertrophied membrane itself grew almost normal in appearance, distinctness of speech and hearing was gradually restored, the breathing became natural, and at the end of three months we had accomplished a speedy and perfect cure.

ON THE TREATMENT OF ERYSIPELAS.

By Julius E. Alter, M.D.,

NEW YORK CITY.

The first indication in the treatment of erysipelas should be the maintenance of the patient's vitality. Erysipelas is a most exhausting disease, necessitating the administration of stimulants, of which strychnine in repeated small doses is by far the best. The diet must be nutritious, and in adynamic cases alcohol *ad libitum.* Great difference of opinion exists as to the efficacy of internal medication. By many iron is considered the sheet anchor in the treatment of erysipelas, but I have yet to see a case in which it has exerted its vaunted influence to any great extent. It certainly does good in this disease, but merely as a supporting measure, and not because of any special action or control over the course of the erysipelas. Some observers lean toward diaphoretics in the internal medication; of these jaborandi by mouth and pilocarpine hypodermically are most advocated; their effect is mostly eliminative, and they are absolutely dangerous in young or debilitated subjects. Nevertheless, it is important to keep the emunctories in good order so that free excretion will be maintained. Roswell Park advocates the administration of intestinal antiseptics, such as salol, corrosive sublimate, haphtholin, etc., on the ground that they may have some constitutional antitoxic action. Practical results, however, do not bear out this theory.

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(Continued on Advertising Page 26.)

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The local treatment is by far the most important. Every wound should be treated antiseptically. For mild cases good results may be obtained from the constant application of lead and opium wash. To enumerate all the methods and drugs recommended in the local treatment of erysipelas would be quite a task. The injection of antiseptics, solutions, scarifications, etc., have all their advocates. In the preparation Isarol we have a remedy which has proven efficacious in many cases where other treatment has failed. It is even more valuable in this disease than Ichthyol, and is less expensive. In cases herein reported, when strapping, applications of carbolic acid and of Ichthyol did not succeed in limiting the area of inflammation, Isarol in ointment or with collodion brought about the desired effect.

CASE I.—S. J., age 27. I was called in to see this patient during October, 1903. He complained of headache, nausea, and general malaise. Temperature, 102° F.; tongue heavily coated, pulse soft, compressible. Later he developed typical facial erysipelas. There was marked redness over the bridge of the nose and on the cheeks. Temperature rose to 104°. The face became greatly swollen in the course of twenty-four hours. The cervical glands were enlarged and painful. I ordered isolation and proper disinfectant procedures, and prescribed powders of phenacetine and salol. Milk diet, Cannabis Indica, and morphine were very effective in controlling the intense pain and headache. The face was covered with 50-per-cent. ointment of Ichthyol, which was also applied to the enlarged glands. At the end of two days the patient had not improved; the patient grew steadily weaker; the erysipelas continued to spread. Brandy was given freely. The Ichthyol was stopped and Isarol in 50-per-cent. aqueous solution painted on continually. In a few days the patch ceased spreading, though the tension

(CONTINUED ON ADVERTISING PAGE 27.)

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NEURILLA
TRANQUILIZES THE NERVES
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of the skin was just as great as before. From this time the disease retrograded and improvement was rapid. The face soon assumed its normal aspect, the tension almost entirely passed away, and the pain was no longer so severe. The cervical glands, however, were still tumefied and quite tender; the application of Isarol was continued until they were normal in size, by which time there was absolutely no pain or redness of the skin.

Case II.—Henry T., age 40. Erysipelas secondary to wound of anterior surface of thigh. The wound was sutured at outpatient department of Bellevue Hospital. On being called in to see patient two days later I found he had a temperature of 105°; headache, increasing in severity toward evening; completely prostrated. On examining thigh I discovered the wound unhealed, with pus present. The surrounding skin was red, swollen, and painful. I removed the sutures, applied antiseptics, and cauterized the edges. Plaster strips were applied encircling the thigh above and below. I ordered Ichthyol applied to the erysipelas itself. The patient was isolated and constitutional treatment instituted. Despite these measures the patient grew worse. I substituted Isarol for the Ichthyol and ordered the aqueous solution of the former painted on unremittingly. The plaster was removed and the Isarol applied to the healthy skin. The results were more remarkable than in Case I. Improvement began next day. The patch stopped spreading; the swelling was much reduced. From this time on the course of the disease was uneventful, the patient's system throwing off the poison with rapidity.

In conclusion I wish to mention a case of rheumatism in which Isarol was used successfully. The patient, a young woman, had had rheumatism for some time. Her left knee was greatly swollen and painful. In her previous attacks I had used Ichthyol as an ointment. This time, however, I prescribed sodium salicylate internally and an ointment of Isarol and methyl salicylate rubbed in well. At the end of thirty-six hours the inflammation had greatly subsided and the patient was much relieved.

In all of these cases Ichthyol was given a fair trial. While it is a valuable drug in such cases, it is inferior to Isarol in the rapidity with which results are obtained.

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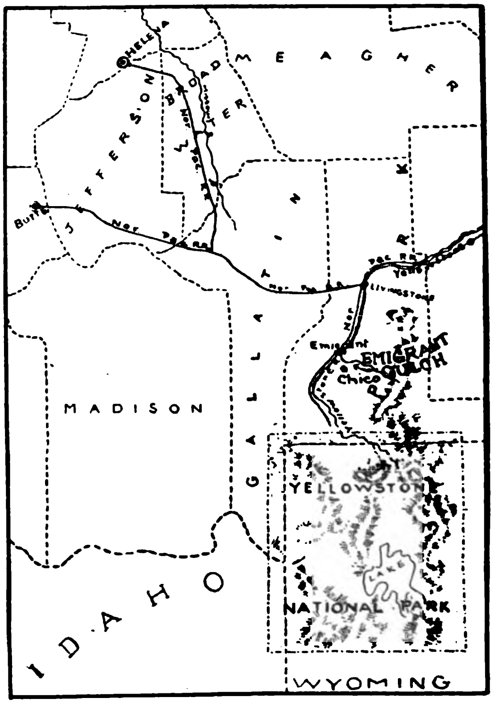

This consolidation of interests was only made possible by the investment of a large amount of money heretofore unavailable for the purpose. There are now no legal obstacles in the way of the development of the mine. All that is necessary is effective machinery which, while costing a large sum, will wonderfully reduce the expenses of operation, and make possible the working of the deeper and enormously rich deposits.

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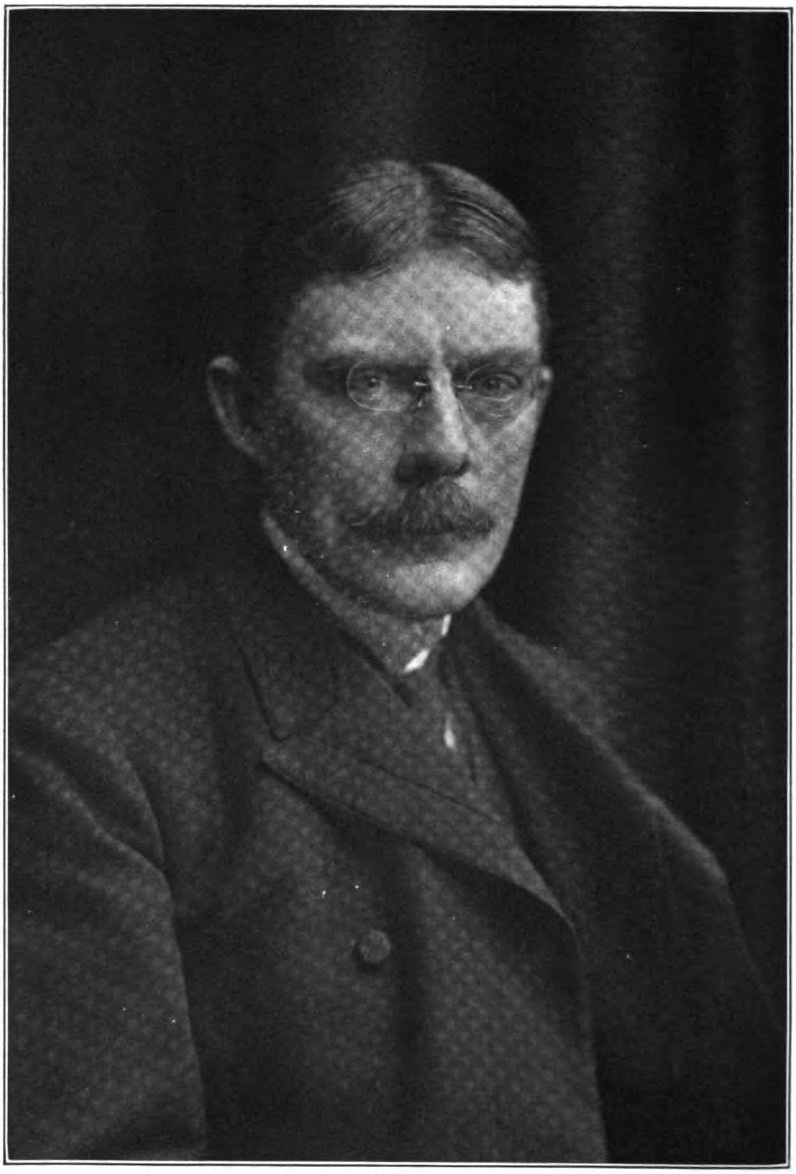

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Clinical Lectures.

ACUTE ENDOCARDITIS — TYPHOID FEVER.[1]

BY JAMES TYSON, M.D.,

Professor of Medicine in the University of Pennsylvania, Physician to the University and the Pennsylvania Hospitals, Philadelphia.

CASE I. ACUTE ENDOCARDITIS.

GENTLEMEN: The first patient I show you illustrates a disease not uncommon, but always interesting. He is a young colored lad, 18 years of age, a barber by occupation, who was admitted February 13th—one week ago. The only event in the family history which is worthy of note is the fact that one aunt died of tuberculosis. In his childhood he had chicken-pox and measles, and more lately had a chancroid followed by a suppurative adenitis.

About four years ago the boy had an attack of acute articular rheumatism—an illness which assumes marked significance in the light of subsequent events. He was treated at the Polyclinic Hospital. Since this illness he has noticed that he is more easily fatigued than formerly. He was never robust, caught cold readily, and frequently had a cough with expectoration. One year ago the patient became aware of cardiac pulsation, especially upon exertion, but was able to continue at his work until lately. There is no œdematous swelling of the feet or other part of the body.

HISTORY OF THE PRESENT ILLNESS.—Two weeks before admission—*i.e.*, three weeks ago—the lad suddenly experienced sharp pain in the right and left hypochondriac regions, particularly over the regions of the liver and spleen. The pain was increased by pressure. Every evening he felt feverish and in the morning he sweat copiously; there were, however, no chills. There was also precordial pain, and the beating of the heart was more forcible and more noticeable than prior to the attack.

EXAMINATION.—Upon admission the patient was at once put to bed. His temperature was taken and found to be 103.2° F.; pulse, 136; and respirations, 26. He complained of pain in the left hypochondrium, the left side of the thorax, and in the precordial area. There was some tenderness over the hepatic and the splenic areas. There was cardiac pulsation and general weakness.

As the physical signs to-day are much the same as on the day of admission, I shall now proceed in your presence to elicit them as far as possible. By inspection, as has been said, he is seen to be poorly developed. There is visible pulsation at the apex of the heart and in the great vessels of the neck. His breathing rate is seen to be more rapid than normal; this morning it was 26. There is also evident a bulging of the left precordia, or, at any rate, the left is more prominent than the right. Recall, if you please, the boundaries of the precordial space: from the second rib above to the sixth rib below; its left border corresponds to a vertical line passing through the nipple, and its right margin to the right parasternal line, a vertical line midway between the right edge of the sternum and the right midsternal line. This outline is somewhat arbitrary, but the object is to demark the normal boundaries of the heart, as projected upon the chest-wall, and it helps in locating changes.

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[1] Delivered in the amphitheater of the University Hospital, February 20, 1904.

Passing the finger across the chest in the act of palpation the apex-beat is found in the nipple-line in the fifth interspace. The boy has a long chest, and the ribs seem lower than they really are; the beat looks as though it were in the sixth interspace. It is, however, in the fifth, evidently farther to the left than it should be. Palpation next discovers that the tenderness over the liver has disappeared. It may have been due to an intercostal rheumatism, which is now gone. On the opposite side is an area of exquisite tenderness. The boundaries of this area are those of what seems to be an enlarged spleen, beginning in the middle line at the eighth rib and thence passing downward to the edge of the thorax. The spleen extends anteriorly to the nipple-line. Throughout this entire region there is great tenderness.

Percussing with a view to determining the cardiac borders, I find impaired resonance, in the second interspace, to the left of the sternum, with absolute flatness over the fourth rib. This variation affords us a fine illustration of the difference between relative, or deep, and absolute, or superficial dullness. The relative dullness indicates that the heart is still covered by lung; the absolute tells us that it is uncovered. At these lines the dullness of the upper border of the heart at the left of the sternum would seem somewhat higher than it should be. Percussing to the right, I obtain relative dullness at the right border of the sternum, absolute at the middle—about the normal situations.

The result of this examination shows that the heart is enlarged downward and to the left and slightly upward, but scarcely enlarged to the right of its normal border.

Turning now to auscultation, the stethoscope is placed first at the base of the heart, where I hear a loud, rough, rasping, double murmur in the second interspace to the right of the sternum—a systolic and diastolic murmur, very intense also over the middle of the sternum and in the second and third interspaces to the left of the sternum, but perhaps loudest over the midsternum opposite the second interspace. The systolic murmur is transmitted loudly into the neck, the diastolic is not.

Carrying the stethoscope downward to the apex I detect another systolic murmur, which grows more intense as the apex is approached and fades again as I go upward, but is heard quite well toward the ensiform cartilage. We have found, therefore, a double basic murmur and a diastolic mitral murmur. What, then, is the physical condition of the heart? There is certainly aortic regurgitation, with aortic stenosis or roughening. Aortic stenosis, pure and simple, is exceedingly rare, but is not infrequently associated with aortic regurgitation, the condition of the valves in this condition being one in which the orifice can neither be completely opened nor completely shut.

Let us return to the history of this case. It will be remembered he had decided fever on admission and has had it ever since he has been in the ward; I do not know for how long before admission. His temperature has seldom been lower than 100° F., and often was 102° F. Now, what is the meaning of this fever? He had evidently heart disease succeeding the original attack of acute rheumatism, though he has since been able to work. He could not have done so with such a fever as this. The fever has therefore probably developed more recently. Three weeks ago he became worse, with pain, shortness of breath, and increased pulsation. It is evident that an acute endocarditis has been ingrafted upon a chronic valvular defect.

As to how much of the present disease is chronic we cannot tell, because he was not under our observation previous to this.

Since the signs point to a very positive lesion at the aortic orifice, it is more than probable that the aortic valves were first involved and that the mitral has become implicated in this more recent illness. However, disease at either orifice would account for the acute symptoms.

How are we to explain the pain in the splenic region and seemingly in the spleen itself? It is probably due to an embolus shot off from the edge of a valve or from a clot within the ventricle, lodging in the spleen and producing a hæmorrhagic infarct—so frequent a complication of valvular disease. Hæmorrhagic infarcts are not limited to the spleen, but occur also in the liver, kidney, and brain, but perhaps most frequently in the spleen. It may complicate both acute and chronic cases, but is more often met with in chronic forms of valvular disease.

Another condition which in this case demands mention is a leucocytosis of 20,000, as compared with the normal,—from 7000 to 8000,—an increase of more than 150 per cent. Leucocytosis is commonly associated with acute endocarditis, especially of the malignant variety. I do not think that this case is malignant. The mildness of the symptoms, the absence of chills and sweats, justify this conclusion. All varieties are due to the activity of pathogenic micro-organisms. Formerly it was supposed that only the malignant variety was thus caused, but it is now known that all types have a bacterial origin. Nor does it seem that the most virulent organisms always produce the most virulent forms of endocarditis. My assistant, Dr. Evans, has made a blood-culture in this case and found the streptococcus pyogenes, which is therefore the probable specific pathogenic bacterium in this case. So far as my experience goes, the bacteria found in the most malignant cases have been either the gonococcus or diplococcus.

Another possible source of the fever present in this case should not be overlooked. The patient has had cough. Examination of the lung revealed impaired resonance in the right infraclavicular region. In auscultating this region no bronchial breathing was recognized, but in consequence of the very loud heart-murmurs conducted into this area it is impossible to detect any delicate shades of the normal breathing such as broncho-vesicular breathing. There cannot, therefore, be decided solidification. The cough is slight. There is no sputum and there are no bacilli. Consequently, there is probably no pulmonary lesion to account for the fever, though this is possible.

TREATMENT.—We do not often have a chance to bring before you a case of acute endocarditis. What is to be done in the matter of treatment? Rest is the first essential measure. Place the patient in bed immediately. This itself is a powerful agent for good. When this youth was admitted he was unable to lie flat upon his back. It was necessary to prop him up with pillows. He was given moderate doses of digitalis—5 minims every six hours. Large doses of digitalis are not indicated. The treatment has been no more active than this. He was placed upon a liquid diet. An icebag was placed over the heart, but that has been removed as he became better. Nothing more was done to reduce the temperature, because it was not very high. In severe cases of endocarditis we sometimes blister, but, as a rule, the blister is best reserved for pericarditis. The patient is slowly, steadily improving.

CASE II. TYPHOID FEVER.

This young man, 19 years old, was admitted February 11th—nine days ago. He has been drinking city water. Eight days before admission—that is, February 3d—he had severe pain in the head, but continued at his work. He also went to work the next day, but was weary and had a dull pain in the back. On the third day he continued to work, but had diarrhœa. On February 6th he was obliged to stay in bed on account of pain in the abdomen and back. He was feverish and the diarrhœa continued. There was no epistaxis. On this day red spots appeared. The youth himself was the first to observe the spots. When admitted, the lad's temperature was 100° F.; the respirations, 22; there were headache, pain in the back, but no diarrhœa, this having seemingly abated, and numerous rose-colored spots, which did not disappear on pressure, were found on the abdomen and thorax. Some are still present and some are typical on this seemingly the seventeenth day. Spots are not confined by any means to the early stage of the disease, but occur in crops sometimes throughout the illness. The Widal reaction was positive on the twelfth day of the disease. The spleen was enlarged as measured by percussion. On the twelfth day the red corpuscles numbered 5,000,000 to the millimeter; the whites, 20,000; the urine was normal. This pronounced leucocytosis is puzzling. It is well known that the leucocytes usually diminish in typhoid fever rather than increase. Leucocytosis occurs in typhoid fever with pulmonary complications, but no such complication can be found in this patient. Leucocytosis may coexist with extensive ulceration, but the abdominal symptoms in this case have not been severe. There has been no extreme distension or tenderness of the abdomen.[1] The case has been mild.

I present the case not because there is anything unusual in it except the leucocytosis. It illustrates a typical mild case presenting rather more than the usual number of text-book symptoms. He has passed the fastigium, is well on the third week, and we predict a prompt recovery.

Another feature of interest was the seemingly early appearance of the spots. If the boy's own statement is to be relied upon, they appeared on the third day of the disease; but it is more than likely that he was ailing slightly several days before they were noted, but, being occupied at his work, the symptoms escaped his notice.

TREATMENT.—The treatment of this case has been exceedingly simple. He was ordered the cold tub-bath treatment—bath every three hours as often as his temperature exceeded 102°F.; but, on account of the mildness of the attack, he only received five baths, because after the fifth bath the temperature did not reach the tubbing point again. It fell gradually, until this morning it is 99 $^4/_5$° F., and, if no complications occur, it will reach the normal in a few days. He was also ordered $^1/_{40}$ grain of strychnine four times a day, and $^1/_2$ ounce of whisky every four hours. Neither of these last was strictly necessary. It is needless to say that the patient was placed upon liquid diet.

In addition, in accordance with a routine method I am now carrying out, he was ordered a pill of nitrate of silver and extract of belladonna, $^1/_4$ grain of each, three times a day. Belladonna would have been superseded by opium extract had there been diarrhœa. I might state here that this routine method with nitrate of silver has for its object the determination of the question whether ulceration can be favorably influenced in this way so as to diminish the danger of perforation. It is commenced as soon as the diagnosis is made and continued until convalescence is established. I have given it in a large number of cases, but am not prepared to report any results.

A PHILADELPHIA FEAR.—"Your husband has water on the brain," announced the doctor.

"Dear me!" she said, "I hope it has been boiled."—May Lippincott's Magazine.

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[1] The leucocytosis was subsequently explained satisfactorily. The very next day after the case was shown an otitis media developed. This was evident because as the case progressed favorably, the leucocytosis diminished. The temperature also rose again for a short time, but subsequently fell to normal.

HERNIA.[1]

By William L. Rodman, A.M., M.D.,

Professor of the Principles of Surgery and Clinical Surgery at the Medico-Chirurgical College, Philadelphia; Professor of Surgery at the Women's Medical College, Philadelphia.

Gentlemen: In speaking of hernia today we will discuss the subject from a clinical, or practical, standpoint, and not in a didactic way, trying to bring out the points of interest to all clinicians.

In the first place, we all understand by the word "hernia" a protrusion of a viscus from the abdominal cavity, if we use the word in an unqualified sense. If we have a hernia of the brain we qualify it by calling it "hernia of the brain." But if we use the word "hernia" without qualification we always mean an abdominal hernia.

A hernia consists of two parts essentially—a sac and contents. The sac, in all instances, is the parietal layer of the peritoneum. Hernia may be congenital or acquired. If congenital we do not mean that the hernia is present at birth, but that the conditions leading up to a hernia are present. The contents of a hernia vary widely. Usually it will be a part of the omentum or small intestine, but cases have been met with in which the large intestine, ovary, appendix, kidney, spleen, stomach, the liver, and even the gravid uterus have been found in hernial sacs. In fact, every abdominal viscus, with the exception of the pancreas, has, at times, been found in hernial sacs.

Herniæ are classified from an anatomical standpoint: In the first place, there are weak spots in the abdominal wall, and herniæ are apt to show themselves at these situations. These weak spots are the inguinal, femoral, and umbilical regions. Given 100 cases of hernia, 84 will be inguinal, 10 will be femoral, 5 will be umbilical, and 1 will be a rare variety, such as a diaphragmatic hernia, hernia through the foramen of Winslow, hernia through the sciatic notch, obturator hernia, or one of the infrequent forms which we practically never encounter.

Then, again, herniæ are direct and indirect. The indirect, which is the most common, is that form in which the hernia leaves the abdomen at the weakest point, —the internal abdominal ring,—traverses the inguinal canal, and makes its exit at the external abdominal ring. This form is also called oblique hernia. It is at least from twenty to twenty-five times more common than the direct variety. Direct hernia is practically a ventral hernia, and pushes itself forward through the abdominal wall, passing forward in a triangle bounded externally by the deep epigastric artery, internally by the median line, the base being formed by Poupart's ligament, and is called Hesselbach's triangle.

Further, herniæ are classified clinically into reducible, irreducible, obstructed or incarcerated, inflamed, and strangulated. We shall have very little to say about the anatomical classification, but will proceed at once to the clinical varieties. In the first place, we mean by a reducible hernia one which spontaneously passes back into the abdominal cavity when the patient lies down, or does so when we make an effort to reduce it by taxis. We mean by an irreducible hernia one where adhesions have taken place between the sac and contents or between the contents themselves, and are therefore prevented from returning into the abdominal cavity. An irreducible hernia does not interfere with either the function or the blood-supply of the gut. An obstructed or incarcerated hernia is one which is irreducible and at the same time has the function of the gut interfered with—in other words, there are hardened fæces which refuse to pass, and thus interfere with function. We mean by an inflamed hernia one which is not only irreducible, but in which there is a localized peritonitis, not seen in incarceration. A strangulated hernia is one in which the function and circulation are both interfered with. It is the diagnosis of this variety particularly of which I shall speak today.

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[1] A lecture delivered to the Montgomery County Medical Society.

In the first place it is well to remember a few things in connection with the history of hernia. We know that herniæ are more common in early life than at any other time. Given 1000 cases of hernia in males, 175 will occur in the first year of life; this is a very important thing to remember in the diagnosis and treatment. This is because a large percentage of these herniæ are congenital, the sac is open because of a developmental fault, and because of an existing phimosis, or due to straining at stool, crying, or coughing, the hernia is forced into a sac preformed. In 1000 cases in females, 91.6 are found in the first year of life. Hernia becomes less frequent after infancy and up until the time of puberty. After 15 years of age, however, they get to be very common again; so that we find 40 per cent. of all herniæ occur before 35. The remaining 60 per cent. of herniæ occur after 35 years of age, and a majority of these between 35 and 50, or the time of life when the heavy burdens are borne. Sex also has an influence. Herniæ are six times more common in the male than in the female, particularly inguinal hernia. Heredity also has a marked influence. The reports of the London Truss Society show that 25 per cent. of all cases of herniæ will give a history of hernia in their ancestors.

REDUCIBLE HERNIA.

Reducible hernia is the most common. There should be no difficulty in diagnosing this condition, and yet mistakes are made. Only a few days ago a patient was sent to me by a colleague, and I could not be satisfied at the first visit whether the condition was a hernia or a hydrocele of the cord. As a general rule, however, there is no difficulty in making a diagnosis. The tumor disappears when the patient lies down and reappears on his assuming the erect posture. There is an impulse on coughing and the tumor is opaque, which points should prevent any mistake in diagnosis; and yet there are other conditions which give all of these symptoms in a slighter degree.

A psoas abscess has often been mistaken for hernia, because it points down at the place where a hernia is apt to present, it gives an impulse on coughing, it disappears when the patient lies down just as hernia does, and if one is not careful he can easily mistake a psoas abscess for a hernia. The way to prevent this mistake is to place the patient in the recumbent position, forcibly press into the abdomen, and if the condition be an abscess you will get fluctuation, which you cannot get in hernia. The most common mistake which is made is between a hernia and a reducible hydrocele. There are some hydroceles which communicate with the abdominal cavity, and when the patient lies down the fluid passes back into the abdomen just as a hernia does. These cases will so closely simulate hernia that the only possible way to differentiate them is to have the patient stand up and then with the finger press closely up into the ring; if it is a hernia it cannot descend, but the finger will not prevent the fluid from coming down and refilling the sac.

Inflamed testes or inflamed lymphatic glands may be mistaken for hernia, and yet I do not think this mistake should be made. A more excusable mistake is to confound hernia with varicocele. In the first place, you will remember the fact that varicocele is a left-sided disease. I have never seen a varicocele on the right side that was not accompanied by one on the left side. Hernia, on the contrary, is more common on the right side. Varicocele is generally found in young subjects, under 25, while the vast majority of herniæ are found after 25. The finger pressed against the ring will prevent a hernia from returning, but will not prevent the veins from refilling in varicocele.

THE TREATMENT OF REDUCIBLE HERNIA is mechanical and operative. Mechanical, by means of trusses, and operative by herniotomy. There is a general impression among the laity and physicians that practically all herniæ in infants can be cured by means of a truss, but this is an error. The truss treatment should be tried, of course, but, according to the most reliable statistics, we find that one-third of all children under 14 are uncured by even thorough truss treatment. The value of a truss after the age of 20 is practically *nil.* Perhaps once in one hundred times you may effect a cure. After 30 you probably cannot cure a single case. I find a great many physicians who think that they have fulfilled their duty to a patient when they said: "Go to an instrument maker and get a truss." I do not hesitate to say that there is not one instrument maker in ten who can intelligently apply a truss. They will put the pad over the external ring and convert a complete hernia into an incomplete, a known danger into an unknown one.

It is better for you to measure these cases yourselves. One measurement is all that is necessary. Measure midway between the superior anterior spinous processes of the ilium and the great trochanters and pass over the sacrum behind, and then state the variety of hernia; whether inguinal or femoral, and the side it is on—this is all that is necessary.

Now, as to the variety of trusses, we could talk until dark describing the different varieties and not finish then. There are two or three, however, so excellent that we will simply mention them. The two that I prefer are the Hood truss and the Knight truss. A truss simply consists of a steel spring padded with leather, and a pad, either of a hard or soft substance, which fits over the canal, and a leather strap which goes under the thigh to prevent the apparatus from slipping up or down. Most people use the soft pad, thinking they are less irritating, but this is a mistake. The soft truss absorbs urine, feces, and sweat, and becomes foul. Any of the hard trusses are less irritating. Some patients cannot wear the hard truss, and here an air truss or a water truss will be better. The shape of the pad will depend upon the shape of the hernia. Usually it is oval. In some large herniæ, and where the opening of the canal is large, the ordinary pad will not do, and a rat-tail pad or some other special form is necessary.

Now as to the number of trusses. The truss should be worn day and night by a child, because you are hoping to obtain a cure, and the child may get up to pass water; or may cry or cough, and if a truss is not worn at night the hernia may descend. This means that the patient must have three or four trusses. He should have a day truss, a night truss, a waterproof truss for the bath, and an extra truss in case of breakage.

IRREDUCIBLE HERNIA.

We will now take up irreducible hernia. However much we may differ about the treatment of reducible hernia, we have no right to differ at all about the treatment of irreducible hernia. Here the contents are exposed all the time, and the slightest injury—such as a blow or a kick—may cause rupture of the intestine or inflammation of the intestine, and as a truss cannot be worn there is only one thing to do, and that is to advise a radical cure. A few of these cases can be reduced by putting the patient to bed, elevating the foot of the bed, making pressure by means of a bag of shot, and in the course of weeks the hernia may go back; but this is uncertain and is practically never put into practice at the present time.

INCARCERATED, OR OBSTRUCTED, HERNIA.

The diagnosis of this form of hernia is somewhat puzzling. As a general rule, incarcerated hernia can be diagnosticated from strangulated hernia by two or three symptoms. There is rarely any vomiting in incarcerated hernia, while in strangulated hernia there is excessive vomiting. In incarcerated hernia we get an impulse on coughing, whereas in strangulated hernia we do not. There is not as much shock in incarcerated as there is in strangulated herniæ. Again, there is not the complete arrest of function of the bowel in incarcerated hernia as there is in strangulation. The patient can always pass flatus, while in strangulated hernia he cannot do so.

TREATMENT OF INCARCERATED, OR OBSTRUCTED HERNIA.—Many make the mistake of giving medicine by the mouth. The constipation is due to impacted feces in the large gut, and should be attacked by enemata of oil or large quantities of warm water. After the enema a dose of castor-oil is a good thing.

INFLAMED HERNIA.

In this variety of hernia the diagnosis should be more easy, and yet the contrary is true; it is more difficult. It means that the sac is undergoing peritonitis, and here you have redness and the ordinary signs of inflammation. There is a slight elevation of temperature, which you do not have in any other form of hernia. Here you still have an impulse on coughing, and the patient can pass gas. There must be cases in which a man is in doubt, and the thing to do in such cases is to be on the safe side and treat it as a strangulated hernia. The treatment in undoubted cases is by the application of cold in young patients and heat in old patients. Opium may be given to quiet the pain. Enemata, at first, followed by purgatives later on, are of value.

DIAGNOSIS AND TREATMENT OF STRANGULATED HERNIA.—There are two varieties of strangulated hernia, and many a man is thrown off his base the first time because practically all the books on surgery insist upon this condition being ushered in by a chill, shock, collapse, and severe pain. This is exactly what you see in the acute cases of strangulation, but in many of the cases of the passive variety these symptoms are conspicuously wanting.

It would be interesting, if we had time, to go into the various theories as to why strangulation takes place, but I will simply say that I think the elastic compression theory of Richter is the most reasonable. This theory is that the gut becomes pinched by the ring above; venous blood cannot be returned and yet arterial blood is being delivered until the part becomes engorged with blood and the entire circulation is cut off.

The Diagnosis of Strangulated Hernia.—Taking either acute or chronic cases, I do not think there should be any great difficulty. We have all of the symptoms of intestinal obstruction—vomiting of the contents of the stomach, then bile, and later fæcal matter. The vomiting at first is intermittent, and later the patient simply vomits in gushes, in a projectile manner. In incarcerated hernia, on the other hand, if there is vomiting, it is only after taking fluids or food and stops when the stomach is empty. The tumor in strangulated hernia gives no impulse on coughing, and this is the only hernia of which this can be said. The patient is absolutely constipated. There may be a passage of material below the constriction, but after this is expelled there is absolute constipation, the patient being unable even to pass gas.

The treatment of strangulated hernia is by taxis and operation. By taxis we mean that we will undertake to put the hernia back into the abdomen by means of manipulation. This is done by grasping the fundus of the sac with the thumb and index finger of the right hand, and with the thumb and index finger of the left hand disengage the gut and pull down, making the hernia a little larger, squeezing the hernia a little and pushing out the contents, and then, if it goes back with a gurgle, we know that we have accomplished its reduction.

Gentlemen, I have seen a reasonable number of herniæ in my life and have never but once reduced an undoubted strangulation by taxis. I have been asked to see other herniæ which were called *strangulated*, but were not, and which I had no trouble in reducing. In the first place, taxis should never be tried if a hernia has been out very long. If you are called to see a case of hernia to-day which has been out since yesterday, you have no right to make taxis, as there are certain dangers incident to manipulation, and, if the hernia has been out long, these dangers are imminent. You may rupture the gut, or you may force back the sac, contents and all, without relieving the constriction, reducing the hernia *en bloc*. In small femoral herniæ taxis should never be tried after four hours. In a large hernia that is not tense taxis may be tried with perfect safety if it has not been out more than twenty-four hours; but in a small, tense hernia, especially a femoral hernia, the danger is so great that taxis should never be employed after four hours. Taxis should not be employed for more than five minutes, and should never be tried by more than one person.

Failing in taxis, nothing will avail but herniotomy. I tell my patients that I will place them under an anæsthetic and will try taxis, having everything in readiness for an operation if this fails. I employ taxis for five minutes, and if the gut cannot be replaced I immediately resort to operation. It is practically useless to employ taxis without an anæsthetic, and if this fails it is unfair to your patient to let him come from under the anæsthetic, prepare for an operation, and re-anæsthetize him. It is better to have everything in readiness for an operation before resorting to taxis.

I will not describe the operation of herniotomy for want of time, but will say that there are two ways of cutting the constriction: It may be cut from within outward with a dull knife; but this is surgery in the dark, and should be given up. The proper way to do is to cut from without inward. Cut down on the hernia, look for the constriction, and divide it. In femoral hernia you must still follow the old method and cut from within.

The question now comes up as to the treatment of reducible hernia. We all agree about the treatment of incarcerated or obstructed hernia, inflamed hernia, and strangulated hernia. The question now comes up how shall we treat our cases which we decide not to treat by a truss. In general this question should be decided as follows: The more sedentary the occupation of a man, the more easily he can put up with the inconvenience of truss treatment. A banker, for instance, can wear one very well. This is not good advice to a laboring man, however.

Deciding that an operation shall be done, what particular operation shall we perform? We all of us prefer some one operation to the other, and I want to say now that the man who does one day Bassini's operation, the next day Halsted's, another day MacEwen's, and so on is not the man who will get good results, simply because a man cannot be as perfect in his technique if he does a half dozen different operations instead of perfecting himself in one. We shall speak of these operations by men's names, and yet they mean nothing.

The first operation that was ever done was high ligation of the sac. Then another came along and said: "This is all very well, but why not twist the sac before tying it, as you bring down more of the peritoneum?" This was a great step in advance. Another one came along and said: "This is all right, but why not add another step and sew up the inguinal canal and thus make the hernia still less liable to recur?" MacEwen went still farther and folded the sac at the internal abdominal ring and made a living stopper of the sac. Then McBurney, of New York, introduced an operation which was very popular for a while. He cut down upon the sac, ligated it, and did not sew up the wound at all, but allowed it to heal up of its own accord, thinking that cicatricial tissue was stronger than normal tissue.

About 1885 Bassini, of Padua, said: "These steps are all right,—ligation, twisting, suturing of the canal,—but I will go a step farther and transplant the cord and make a new canal." He does this as follows: He splits up the aponeurosis of the external oblique by introducing a grooved director at the external abdominal ring, and then dissects loose the cord and sac *en masse;* he then isolates the cord from the sac, twists the sac, ligates far up and excises, and then sews the internal oblique and transversalis to the deep shelving of Poupart's ligament, in that way making a floor for the cord, which is held up out of the way during this procedure. He then sutures the cut edges of the external oblique with interrupted sutures, forming a new roof for the cord.

Halsted, of Baltimore, is somewhat more radical in his operation. Instead of cutting the external oblique alone, he cuts the internal oblique, transversalis muscle, transversalis fascia, and peritoneum. He brings the cord out on top of the external oblique, and in addition to that he resects the veins in the cord to make it smaller. There are three points of difference, therefore, between this operation and Bassini's: Transplantation of the cord beneath the skin, a direct opening into the peritoneal cavity, and resection of the veins of the cord. O'Connor showed that 20 per cent. of cases operated upon by this method were followed by atrophy of the testicle.

Kocher, of Berne, cuts a hole in the aponeurosis of the external oblique, brings the sac out, twists it, and sews it.

I have done all of these operations for the radical cure of hernia, and latterly have limited myself to Bassini's, and at the present time am doing it altogether. I believe, moreover, that there are more Bassini operations done in all parts of the world than all other operations for hernia put together.

As to the mortality of this operation itself, it is practically *nil.* Coley, of New York, collected 10,000 cases and showed a mortality of $\cdot{}^{9}/_{10}$ of 1 per cent. In Coley's own work, he operated upon 860 cases with 2 deaths, which is a still smaller percentage. Carle operated upon 1400 cases and had but 2 deaths. I have done more than 200, and have not yet had a single death. The great point is: do radical operations cure? Coley has studied very carefully this question, and out of 360 relapsed cases he found that 64.6 per cent. occurred within six months after operation; 80 per cent. occurred within the first year, and 11.9 per cent. occurred after the second year. So we may say for all practical purposes that 4 out of 5 relapsed cases will occur in the first year after operation; so that if a patient goes one year without a relapse, the chances are there will be none. In Coley's 860 operated cases, 500 were traced absolutely, and of these but 6 relapsed. This is less than 1 per cent. Carle, who operated upon 1400 cases and traced a large number, had 2.16 per cent. of relapses. I have had something over 200 cases and have traced nearly all of them, and I know positively of but 2 relapses. One of these I operated upon again within a year. It was a direct hernia, and in the second operation I had to transplant the rectus muscle. None of us feel the same confidence in operating upon direct herniæ as indirect or oblique ones. I also had 1 indirect hernia to recur, in a weak, anæmic, relaxed subject who had bronchitis at the time of operation.

TINEA TONSURANS.

℞ Sodii borat.,
Spts. camphoræ, of each, ʒj.
Glycerini, ʒij.
Aq. aurantii flor., ad ℥iv.

M. et ft. lot.
Sig.: Apply twice daily. (Medical Record.)

CANCER OF THE STOMACH.[1]

By John V. Shoemaker, M.D., LL.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

Case I.

Gentlemen: This man, 41 years of age, was admitted to the hospital one week ago, and gave the following history: He is a blacksmith by trade. His father was killed while serving in the British army. His mother is living and is 61 years of age. One brother died in infancy and a sister at the age of 22, but he is ignorant of the causes of their deaths. He has a sister living and well at 43.

He had no disease of childhood except measles when he was 13. He has used alcohol and tobacco, but in moderation. His bowels and kidneys acted normally until the present illness. Since it began he has been constipated. He never had venereal disease. He has been a hearty, though not an excessive, eater.

About ten years ago the patient began to suffer from dull pain in the gastric region. This was relieved by eructations. Sometimes he was thus afflicted two or three times a week; at other times one or two weeks would elapse between attacks. The severity of the pain gradually increased until six years ago, when vomiting became a symptom. He found that the pain was alleviated by the act of emesis. He lost strength at that time and had to abandon his work and procure a more easy employment. He had pain after eating during a period which varied from half an hour to five hours.

Two years ago he noticed a fullness of the abdomen, and began to lose flesh. At that time he weighed 140 pounds; three weeks ago he only weighed 100 pounds. He had to give up work entirely, and has ever since been very weak. Vomiting is now a constant feature of the case. Some days it occurs two or three times; other days he vomits as many as ten times; seldom a day passes without emesis. The quantities ejected varied, and, according to his statement, they never had the "coffee-grounds" aspect.

A blood-count made three days after admittance gave the following results: Red corpuscles, 4,255,000; white corpuscles, 11,900; small mononuclears, 1 per cent.; large mononuclears, 10 per cent.; polymorphonuclear, 89 per cent.; no nucleated reds; no poikilocytosis; hæmoglobin, 70 per cent.

The analysis of the urine gave: specific gravity, 1.023; acid reaction; free from sediment; no albumin or sugar.

The stomach contents after a test-breakfast exhibited no hydrochloric acid.

The intricacies of this case are not altogether easy to unravel. The man has been a victim of gastric disease of some kind for ten years. The serious nature of the malady is attested by the pain, vomiting, emaciation, and anæmia. These manifestations would seem to point us to carcinoma, although there is no history of hæmorrhage; carcinoma does not often begin at the age of 31 and never lasts ten years; its average duration is one year; sometimes it lasts as long as two years. Chronic gastritis, however, may exist for so long a period without destroying life. At the age our patient has now attained—or nearly attained, for cancer is more common in the later forties or in the fifties—his symptoms should always excite a suspicion of gastric carcinoma, even in the absence of vomiting of blood or purulent matter. Chronic gastritis is scarcely capable of producing the extreme loss of flesh and strength which we witness in this patient and which has occurred especially within the last two years.

The comparative youth of the man when he was first attacked might point us to the existence of ulcer of the stomach, but the absence of hæmorrhage militates against that diagnosis. The peculiar pallor of our patient's skin is in favor of carcinoma. In ulcer vomiting generally occurs earlier after eating than in the case before us, yet we meet with the confusing statement that this symptom sometimes manifested itself as soon as half an hour and again as late as five hours after a meal. This fact, however, referred to an earlier period of the disease. We must remember also that, as in other situations, cancer of the stomach may cause ulceration with hæmorrhage, and in such a case a prominent symptom of ulcer is superadded to those of cancer. Furthermore, cancer sometimes follows an ulcer of the stomach.

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[1] A clinical lecture delivered in the amphitheater of the Medico-Chirurgical Hospital.

In addition to a study of the subjective symptoms we possess two objective means of arriving at a decision regarding the nature of the case. The first of these has long been known and its value appreciated. When in a man of over 40 years of age we obtain a history similar to that which you have just heard, and from a patient who is emaciated, anæmic, and cachectic, and when we are able to detect a tumor of the stomach, the disease is, almost unquestionably, carcinoma. Our second demonstration is of more recent origin and is an outgrowth of a renewed study of the physiological and pathological chemistry of the digestive fluids and the digestive process. I refer to the absence of free hydrochloric acid. This default is observed in the majority of cases.

Cancer of the stomach is most often of the scirrhus variety and situated at the pylorus. In the progress of time the disease constitutes a barrier to the passage of food, the stomach becomes dilated, and fermentation occurs, with the production of acids of the lactic acid type.

From this general review of the characteristic features of gastric carcinoma I have no hesitation in looking upon the present case as one of that disease, although the existence of a tumor cannot be established as satisfactorily as I should like.

It is obvious, however, that the disease could not from the beginning have been of malignant character. No cancer ever lasted ten years. At some period impossible to determine cancer must have developed. During the last two years there has been an increased severity of the symptoms.' It is probable that at or subsequent to that date a change for the worse occurred as regards the nature of the disease.

CASE II.

A second patient, a man of advancing years, who was in this hospital nine months ago, had already had one or two hæmorrhages from the stomach and bowels. At that time he had lost 20 pounds in weight, and no free hydrochloric acid existed in the contents of the stomach. He has again sought admittance and states that six months ago he noticed that he was losing strength. It became a labor for him to ascend stairs. His ankles swelled: his legs and thighs were numb; there was tingling in his hands and fingers. He lost 13 pounds more during the summer and now only weighs 93 $^1/_2$ pounds. There is not as much pain as during his first sojourn in the hospital. Hydrochloric acid is now present in the stomach contents. He does not vomit much now nor has he ejected blood for months. He has now been in the hospital for three weeks and a half. He is certainly very feeble. It is difficult to obtain a satisfactory result from palpation of the abdomen. The recti muscles are very rigid. The stomach does not appear to be much dilated, but an abnormal growth can be made out, and is probably seated upon the greater curvature. With the history, the extreme emaciation, and debility, we must regard this as undoubtedly a cancer of the stomach, although it differs in some particulars from the preceding case. Dilatation occurs more especially when a dense neoplasm surrounds and narrows the pyloric outlet. Hydrochloric acid does not always disappear.

The treatment of cancer of the stomach does not offer much promise. We may, however, succeed in maintaining the nutrition temporarily and retard the fatal progress of the disease. It is our duty to do what we can to relieve the excruciating pain from which the patients often suffer. As yet no specific remedy has been discovered. From time to time some drug, and more lately some serum, has been heralded to the world as possessed of power to arrest the course of cancer. I am sorry to say that none has proved and fulfilled its claims. About thirty years ago condurango was enthusiastically praised by some practitioners as a serviceable remedy in cancer and especially in cancer of the stomach. Extravagant reports were published, but these have been unverified and the remedy was discredited. Condurango does, however, possess some power for good. It seems to be more effective than the ordinary bitter tonics in assisting digestion and in allaying pain, in so far as the pain is dependent upon the digestive disorder. In this sense, therefore, and to this extent, it is beneficial. Condurango is given in the form of a fluid extract or a tincture and in the dose of from $^1/_2$ to 1 drachm.

As regards the diet we must be guided by certain circumstances. In cases where frequent or incessant vomiting is a prominent symptom we must place the patient upon an absolute milk diet, with the addition of lime-water to each portion. I have often witnessed a very gratifying change and improvement follow the adoption of this course. If the intestinal secretions are tolerably well preserved we may allow some vegetables and meat, as these may be digested in the bowel. These articles vary the monotony of a rigid milk diet; they also serve to nourish the patient. We should choose those vegetables and those meats which are most nutritious and most digestible. Broiled beefsteak, roast beef, oysters when in season (not fried), sweetbread, soft-boiled eggs, peas, beans, baked potatoes, and buttered toast are among the foods which may be given with advantage in such cases as I have indicated. Calves'-foot jelly may also be allowed. Gelatin forms a basis for a number of nutritious and palatable preparations, such as *blanc-mange*, etc.

Loss of appetite is a prominent feature of gastric carcinoma. To combat this symptom we rely largely upon the vegetable bitters, such as quassia, gentian, quinine, calumba, chirata, and nux vomica. Of condurango I have already spoken. Several of these agents may be profitably combined. They have a favorable and stimulating action upon the glands of the mucous membrane; in addition the nux vomica energizes the movements of the stomach. The bitters are best given before meals.

In the absence of hydrochloric acid it is often necessary to supply its place by introducing it as a medicine. This is to be given after meals, 10 minims at a dose, and in most instances, in order to increase its digestive power, we may give some pepsin in conjunction with the acid. Or we may administer the dose of hydrochloric acid, mixed in a glassful of water, and taken in sips during the course of the meal. In the later stage of the disease a smaller quantity of the acid—5 minims, for example—can be given in water after each time that the patient takes some nourishment.

When fermentation occurs with flatulence, eructations, and pain, we employ such remedies as creosote, carbolic acid, resorcin, associated perhaps with bismuth and magnesia. Salicin is likewise useful. The magnesia will counteract the constipating effect of the bismuth.

If there is decided dilatation and the remedies which I have just named prove ineffectual then we must wash out the stomach from time to time. For the pain which arises from the morbid growth, as such, we must principally depend upon opium or its derivatives, as morphine or codeine, and upon cocaine hydrochlorate.

Hæmorrhage is combated by means of tannic acid and opium.

When vomiting is incoercible by the remedies of which I have already spoken it will be necessary to have recourse to feeding by the rectum. For this purpose we mix together from 4 to 6 ounces of milk, preferably pancreatized, the white of 2 eggs, and $^1/_2$ ounce of whisky. Some liquid beef-extract may also be included. The whole is to be properly salted. This amount of sustenance can be thrown into the bowel twice daily or oftener if well borne.

Such are the principles upon which this most unfortunate and unpromising class of cases must be treated. On account of his flatulence and eructations the second patient was given: resorcin, 3 grains; bismuth subnitrate, 4 grains; magnesia ponderosa, 7 grains. Beyond this his symptoms have not suggested any special indications.

Abstracts.

Typhoid Fever of Appendicular Beginning.

At a meeting of the Pædiatric Society M. Simon reported a case of typhoid fever which began abruptly with the signs of appendicitis; it was only upon the third day that it was possible to make the diagnosis of typhoid fever. The principal signs to be relied upon in order to avoid confusion in such cases are the headache and the diarrhœa. These were present in M. Simon's case, but the aggregation of other signs and symptoms warranted doubt as regards the diagnosis during the earlier days of the illness.

M. Comby cited an analogous case in which an operation was performed and a perfectly healthy appendix was found.

M. Moizard insisted upon the great difficulty of the diagnosis in cases of this kind. He mentioned a case similar to that instanced by M. Comby.

M. Broca had seen several such cases. In one he had operated and found a large glandular mass, which he had removed, and a healthy appendix, which he had left. The typhoid fever had pursued its course and the child had recovered.—Le Progrès Médical.

Meningitis During Mumps.

At a meeting of the Society of the Hospitals MM. A. Chauffard and L. Boidin reported the cases of two patients suffering from mumps, in whom lumbar puncture gave issue to an encephalo-rachidian fluid very rich in lymphocytes. In one of the cases they were so numerous that the fluid was turbid. There was a genuine "lymphocytic suppuration."

This meningeal reaction was not due to the natural evolution of the parotitis, but was indicative of an actual meningitis. The latter, very obscure from the clinical point of view, was characterized by fever, headache, and especially by extreme slowness of the heart's action. One of the cases was absolutely demonstrative upon this subject.

A second puncture, made when the parotitis was at its height, had allowed the escape of a normal fluid, when there occurred an attack of fever accompanied by headache and slow pulse. A new puncture gave exit to a fluid rich in lymphocytes.

This lymphocytosis was pure in both cases and all the punctures. In one case it disappeared at the end of eighty-nine days. The slightly albuminous liquid had never been fibrinous. It was not under high pressure.

An interesting relationship exists between the nature of the meningeal reaction and that of the blood reaction of the mumps, the latter being also mononuclear. These facts show that the infection of mumps is perhaps less benign than has been supposed, and that it may be capable of playing a part in the genesis of certain cerebro-spinal scleroses, the pathology of which has hitherto been so obscure.—La Tribune Médicale.

Puerperal Septicæmia and Diseases of the Ear.

Dr. Verdelet reports the case of a woman, 38 years of age. She had never been ill. She was pregnant for the third time. It was a twin pregnancy with a difficult delivery, which necessitated a long stay in the hospital. Subsequently there was pain in the adnexa. Some days later there occurred suppurative periarthritis of the right shoulder, followed by an abscess of the right lumbar region. Finally the left ear became painful and mastoiditis ensued. Trephining was performed. Pus was found in the mastoid cells. The patient recovered.

Bonnet in 1886 reported a similar case which unfortunately terminated in death. Bayle, in his thesis in 1900, stated that accouchement causes auricular lesion only when the ears are already diseased and that suppuration was rare.—Revue Hebdomadaire de Laryngologie, etc.

Tuberculosis of the Œsophagus.

In a Thèse de Bordeaux Dr. Lalagüe says that, although tuberculosis of the œsophagus appears to be more frequent than authors admit, it is nevertheless rare. The author has only been able to find 47 cases published in the course of sixty-six years (1837 to 1903).

It is produced by the bacillus of Koch, with which are sometimes associated other microbes. The bacillus is carried by the ingesta, the blood-vessels, and lymphatics, or infection is spread by contiguity to an organ already tuberculous. Sometimes the gate of entrance cannot be discovered. The lesions observed are, in their order of frequency: ulcers, granulations or tubercles, and perforations. The ulcers, which are generally multiple, have a surface varying from 1 millimeter to several centimeters (from $^{3}/_{100}$ to about 1 inch). They generally involve the mucous and submucous tissue; the muscular coat is seldom attacked. The granulations or tubercles, always numerous, vary in size from a pin's head to a grain of wheat. They spring from the mucous membrane. The perforations, which may attain a centimeter (nearly $^{1}/_{2}$ inch) in diameter are generally single. They usually establish a communication between the œsophagus and important organs (trachea, aorta, etc.). The lesions are principally situated in the lower two-thirds of the œsophagus. Sometimes the disease remains latent. When symptoms exist they present no particular character upon which to base a positive diagnosis.

Tuberculosis of the œsophagus occurs in the cachectic stage. It aggravates the prognosis. Death takes place after no long delay.

The diagnosis, rendered probable by an attentive examination of the case, ought to be made certain by a histo-bacteriological examination of pathological fragments spontaneously expelled by the patient or withdrawn by the catheter. Œsophagoscopy also is of assistance. This procedure has been a number of times utilized in the Laryngological Clinic of the Faculty of Bordeaux in different diseases of the œsophagus and the results have always been very satisfactory. The treatment is only palliative.—Revue Hebdomadaire de Laryngologie, etc.

Primary Epithelioma of the Cornea.

Baas reports the case of an old woman who was afflicted with a small tumor, about the size of a lentil, of a whitish color, situated in the lower part of the cornea, which was otherwise normal. Baas made the diagnosis of epithelioma and proposed an operation. The patient disappeared, but subsequently her physician sent the tumor to Baas. The contour was smooth and attached to Bowman's capsule. It exhibited, in addition to connective-tissue fibers, well-marked epithelial cells with vesicular nuclei. The layer of connective tissue protected the eye against the penetration of the growth into the interior.—Recueil d'Ophtalmologie.

Hereditary Diseases of the Eye.

Laqueur points out that relationship of the parents multiplies the chances of inheritance. Out of 9 cases of congenital ophthalmia, 3 were certainly due to relationship of the parents. Out of 13 cases of congenital cataract, heredity was evident in 9. Often, and especially when the parents were nearly related, the first children were normal and the last presented malformations. In serious myopia (exceeding 9 diopters in the child) consanguinity was in doubt in 16 per cent., dubious in 14 per cent., and absent in 70 per cent. The influence of sex was negative.

The cornea and sclerotic were never involved. This immunity is due to the fact that heredity affects principally the outgrowths from the middle layer of the embryo, whence spring the vascular membranes.—Recueil d'Ophtalmologie.

Displacement of the Hyoid Bone by a Tumor of the Neck.

Dr. Wittmaack observes that displacement of the hyoid bone by the pressure of a tumor of the neck is not unusual and is generally passed without mention. That which is more rare is the possibility of determining this displacement not only by external palpation, but also by laryngoscopic examination, the deviation of the bone and larynx being in different directions. The author observed both these peculiarities in a case which also presents some other points of interest.

The patient was a man, aged 61 years, who had a small scar at the angle of the lower jaw upon the right side, while upon the left side of the neck was a tumor the size of a fist. The tumor had been first noticed five years previously, had long remained stationary, and only within the last four or five months had it begun to increase rapidly in volume. The anterior pole of the tumor, strictly circumscribed, crossed the median line by about 2 centimeters ($^3/_4$ inch). Its upper limit was 1 centimeter ($^3/_8$ inch) below the border of the inferior maxilla, whence it extended below to the lower border of the thyroid cartilage. The tumor was elastic and fluctuating. During deglutition its movements were synchronous with those of the larynx. The great vessels were pushed backward. The pomum Adami deviated 2 centimeters ($^3/_4$ inch) to the right of the median line, while the body of the hyoid bone seemed deflected rather to the left. The right great cornu of the os hyoides could be felt, but the left was partly covered by the growth. The thyroid gland did not seem to be hypertrophied.

Laryngoscopic examination revealed a projection of the left lateral wall of the pharynx and an effacement of the pyriform sinus of the same side. What particularly struck the attention, however, was the sort of apophysis about 1 centimeter ($^3/_8$ inch) in length, covered by a pale mucous membrane and which, from the left pyriform sinus, projected into the pharynx, passing above the aryteno-epiglottidean fold and the entrance of the larynx. During phonation it projected several millimeters farther, and during deglutition accompanied the movements of the larynx, which was pushed to the right and twisted upon its longitudinal axis in such a manner that its median line was directed from the left to the right and from behind forward, forming an acute angle with the median line of the body. The mucous membrane of the larynx was normal.

The apophysis in question was of cartilaginous consistence, and there was no difficulty in recognizing the fact that it was nothing else than the greater cornu of the hyoid bone. It could easily be replaced by slight pressure, but resumed its abnormal position as soon as the pressure was removed.

The tumor was removed. It was a unilateral cyst full of serous fluid. Immediately after removal the larynx and hyoid bone resumed their normal situations.

The author had ascertained by experiments on the cadaver that deviation of the hyoid bone and larynx in different directions has for its necessary condition an extension and torsion of the thyro-hyoid ligament of the side corresponding to the tumor, whether the latter be developed in the ligament itself or whether a part of its wall becomes adherent to the ligament. The result is extension of the ligament, and the tumor causes deviation inward of the hyoid bone or, rather, of its greater cornu. When it is large enough to reach the thyroid cartilage it pushed and twisted the larynx in the manner customary to tumors of the side of the neck.

The cyst may have been branchial, it may have had its starting point in the thyro-hyoid ligament, or it may have been a serous bursa. It was probably a branchial cyst in view of its intimate relation to the thyro-hyoid ligament. In old people, when the epithelium of a cyst begins to undergo cancerous degeneration, a very rapid enlargement of the tumor occurs.

The tumor in this case was, however, benign, because malignant neoplasms not only cause deviations of the organs of the neck, but eventually surround and incorporate them, whereas this tumor was sharply circumscribed, and the deflected organs assumed their normal positions as soon as the tumor was removed.—Revue Hebdomadaire de Laryngologie, etc.

Extra-intestinal Infection in Typhoid Fever.

Until of late years it was believed that ulceration of Peyer's patches was a necessary lesion in typhoid fever, and if this were not present the diagnosis was rejected. When laboratory methods came to the assistance of clinical observation we were obliged to abandon this rigid dogma. The discovery of Eberth's bacillus, its specific activity in causing typhoid fever, and the agglutinant serum reaction of F. Widal led to the inclusion in typhoid fever of morbid conditions which would not have been recognized by clinical study or pathological anatomy. The absence of intestinal lesions in certain cases and the absence of abdominal symptoms in others have been noted when the serum diagnosis or cultures of the blood had demonstrated infection by Eberth's bacillus. MM. Bezançon and Philibert, in their work, have collected the isolated, but numerous, cases of the kind in order to complete a picture of these new forms of disease. From their complete historical review of the subject it is shown that the bacillus of Eberth may determine in the organism sometimes a generalized septicæmia without localization in the bowel, sometimes a localized lesion in the intestine (typical typhoid fever), or, more rarely, sparing the bowel, may concentrate itself upon the meninges, the lung, pleura, gall-bladder, thyroid gland, etc.

The septicæmic form without intestinal localization generally begins like typical typhoid fever. The general condition rapidly becomes very bad. The typhoid facies is marked, although there is a total absence of intestinal symptoms. Rose-colored spots are rare. The spleen is considerably enlarged. Several forms of this typhoid septicæmia can be distinguished. One is the spleno-typhoid of Eiselt, characterized by enormous swelling of the spleen, and a period of apyrexia intercalated between two febrile stages. Sometimes there are several periods of apyrexia. A second type is met with in pregnant women. In this are observed the lesser signs of eclampsia: violent epigastralgia; scanty, dark, and albuminous urine containing casts; intense dyspnœa; vomiting, diarrhœa, and hæmorrhages. The microscopical lesions are those of subcapsular renal and intestinal hæmorrhages. A hæmorrhagic variety may also be described (hæmaturia, hæmatemesis, epistaxis, enterorrhagia) accompanied sometimes by icterus. There is likewise a pseudomeningeal type. Typhoid infection of the fœtus is always a septicæmia without intestinal lesions.

In the localized forms symptoms of generalized infection may also be observed, especially when meningitis is present. Customarily, however, the two great characteristics are: absence of abdominal symptoms and the existence of a special organic determination, meningitis, broncho-pneumonia, cholecystitis, nephritis, appendicitis, thyroiditis, or articular rheumatism.

Meningitis exhibits the symptoms of meningeal inflammation of the vault; the broncho-pneumonic form is most often associated, either with a pulmonary affection or a generalized septicæmia. The pleuritic variety is characterized by a sero-sanguinolent effusion and its benignity. The cholecystic form has a special clinical aspect. The fever mounts progressively in staircase style and descends in the same manner, but, contrary to what occurs in typical typhoid fever, the period of elevated temperature is remarkably short—two days in one case of the authors', four days in one of Legendre's. The gall-bladder is like a pyriform tumor. Sometimes suppuration occurs. Finally, the serum diagnosis shows a very high proportion.

In all the autopsies which have been made the intestine has been unaffected, as regards the habitual alterations of typhoid fever. The nature of the cases has been revealed, however, either by the serum diagnosis or culture of the blood or organs.

Exaggeration of the virulence of the bacillus, its association with other microbes (streptococci), its abnormal gate of entrance, and diminished resistance of the tissues are doubtless causes which permit the bacillus of Eberth to produce generalized septicæmia without intestinal localization. In the localized forms it appears that the unusual settlement of the bacillus may be due to diminished power of resistance of the organ attacked. In meningitis, for example, there has been a traumatism, as fracture of the skull or revolver wound; in cholecystitis lithiasis has preceded, or compression by a cancer of the pancreas; thyroiditis occurs where there is a pre-existing goiter, etc. From the general bacteriological point of view the authors call attention to the fact that Eberth's bacillus may be found in the stools of healthy individuals, and is susceptible of behaving sometimes like a simple saprophyte.—La Tribune Médicale.

Therapeutic Notes.

Sore Throat.

Ball recommends, in inflammatory, ulcerative, and diphtheritic sore throats, the following combination:—

℞ Tinct. iodi, gtt. iiss.
Sodii chloridi, gr. v.
Aquæ, ℥j.

M. Sig.: As a gargle, to be repeated several times through the day.

In chronic pharyngitis the following is recommended:—

℞ Iodi, gr. x.
Potass. iodidi, gr. xx.
Glycerini, ℥j.

M. Sig.: To be applied locally on a swab.

About 3 minims of the oil of peppermint may be added to the foregoing if an anæsthetic effect on the mucous membrane is desired.—Journal of the American Medical Association.

Diphtheria.

If on account of poverty people cannot afford antitoxic serum, Curtius uses local treatment alone and has had excellent results with it. (Of 28 patients treated during one summer with it alone, only 1 died.)

He employs Loeffler's solution, the formula of which is as follows:—

℞ Mentholi, 38 grains.
Solve in toluolis, 140 minims.
Alcohol absol., 4 drachms.
Liq. ferri chloridi, 15 minims.

This he believes to be the most efficient antiseptic solution on the market. He applies this until all the membrane particles have disappeared; at first every three hours and later three times daily. He first removes the membrane as well as he can with a cotton swab, then applies the solution with an applicator against the surface for ten seconds.—Therapeutic Review.

Ozæna.

In the treatment of ozæna the following is recommended by Ball:—

℞ Thymol, gr. ss-j.
Spts. vini rect.,
Glycerini, of each, ʒss.
Aquæ, q. s. ad ℥j.

M. Sig.: To be used as a stimulating spray.—Journal of the American Medical Association.

Thrush.

Illoway recommends:—

℞ Sodii hyposulph., gr. xx.
Aq. destil., ʒv.
Glycerini, ʒiij.

M. Sig.: One teaspoonful every two hours, to be taken internally. And it should be applied locally with a camel's hair brush.

The following combination is also recommended as of great value as an antiseptic and astringent:—

℞ Zinci sulph., gr ii-v.
Aquæ rosæ, ℥ij.

M. Sig.: Apply locally.

Baginsky recommends the application of potassium permanganate topically in a 1 to 25 solution, and resorcin internally in solution of 1 to 100, 1 to 4 teaspoonfuls being given daily. The author places the greatest faith in the application of iodine combined as follows:—

℞ Tinct. iodi, ʒss.
Glycerini, ʒiiiss.

M. Sig.: Apply locally with a camel's hair pencil.

By this latter treatment the author states that the disease is completely eradicated within three or four days after the first treatment. He does not ascribe all the curative properties to the iodine, but regards glycerin as a very important factor. This treatment surpasses any treatment heretofore instituted; it is harmless and rapid in its action.—Journal of the American Medical Association.

Turpentine in Typhoid Fever.

Moore states that a good way of prescribing it is with spirit of nitrous ether, as follows:—

℞ Spiritus terebinthinæ, fʒij.
Spiritus ætheris nitrosi, fʒij.
Spiritus chloroformi, fʒij.
Misturæ amygdalæ, ad f℥vj.

M. et ft. mistura.
Sig.: Shake the bottle. Half an ounce for a dose.

Murchison found the following mixture almost invariably effectual for stopping intestinal hæmorrhage:—

℞ Acidi tannici, gr. x.
Tincturæ opii, *m*x.
Spiritus terebinthinæ, *m*xv.
Mucilaginis acaciæ, fʒij.
Spiritus chloroformi, *m*xx.
Aquæ menthæ piperitæ, ad f℥j.

M. From one-half to the whole amount at one dose.—Therapeutic Gazette.

Iodine in Enlarged Glands.

Wyatt Wingrave states that, being especially interested in the supplemental treatment of enlarged glands and adenoids with iodine, he has obtained, after experimenting for many years, an iodine combination that can be given for a considerable period without causing symptoms of iodism, while exercising its specific action. The form now used successfully is iodine in a loose chemical combination with tannic acid, as follows:—

℞ Iodi (puri), gr. xxxviiss.
Acidi tannici, ʒj.
Alcoholis (90 per cent.), 5x.
Syrupus simplicis, ℥iiss.

M. Dissolve the iodine in alcohol and add the tannic acid and 1 ounce of the syrup; heat to just below the boiling-point until the solution affords no evidence of free iodine with starch reaction (about twenty minutes). Cool and add the remainder of the syrup.

Sig.: One-half to one teaspoonful before meals, according to age.

Each teaspoonful contains 2 grains of iodine.

The foregoing is useful in chronic lymphadenitis, associated with or independent of adenoids, enlarged faucial tonsils, and large cervical glands.

In atrophic rhinitis gratifying results have been obtained, especially when combined with arsenic. It is also of value in the treatment of bronchocele.—Journal of the American Medical Association.

The Chemical Composition and the Pharmacological Action of the Cranberry (Vaccinium Vitis Idæa, L.).

The investigations of A. Kanger, of Odessa, concerning the cranberry have induced him to formulate the following conclusions:—

1. The leaves contain no other nitrogenous substance excepting vegetable albumin; of organic acids they contain traces of tartaric acid and larger quantities of quinic acid; no benzoic or salicylic acids were demonstrable.

2. Hydrochinon is present in large quantities. The drier the summer, the more abundant are the substances mentioned.

3. The aqueous fluid extract of the leaves contains hydrochinon, arbutin, tannic acid, ericolin, erizinol and quinic, gallic, and ellagic acids.

4. For medicinal purposes the leaves must be collected during autumn; they must be dried at room temperature; high temperatures destroy the hydrochinon and tannic acid.

5. The blossoms contain free hydrochinon, but neither salicylic nor benzoic acids.

6. The berries have free benzoic acid, thus explaining why they ferment with such difficulty.

7. The leaves are toxic, if given in large quantities (hydrochinon); they diminish uric acid excretion, due probably to a decrease in its formation. They have diuretic and antiseptic properties.

8. The aqueous fluid extract is the best medicinal preparation.

It is used in Russia as an antirheumatic with very good results.—Therapeutic Review.

The Treatment of Anal Fissure.

M. Katzenstein discusses the surgical treatment of anal fissure, which he regards in the main as unsatisfactory. For one and a half years he has used a formula composed of:—

℞ Extract of belladonna, 0.5.
Cocaine muriate, 0.05.
Ammonium sulphichthyol, ad 6.0.

To be warmed and shaken before it is used. This mixture is applied upon a pledget of cotton wound upon a probe. It is introduced opposite the fissure and allowed to remain a varying time, after which it is removed by the patient. The application slowly spreads over the mucous membrane, overcomes the irritability of the sphincter, and leads to a rapid cicatrization of the mucous membrane.—Medicine.

Glandular Tuberculosis.

The following outline of treatment is recommended in the medicinal treatment of glandular tuberculosis:—

℞ Iodi, gr. j.
Extract of rhatany, gr. iv.
Simple syrup, ℥iss.

M. Sig.: One teaspoonful morning and evening.

And the following is recommended to be placed in the bath:—

℞ Iodi, ʒiiss.
Potassium iodide, ʒv.
Aqua, ℥viij.

—Journal of the American Medical Association.

Sclerosis of the Kidneys and Suprarenal Capsules.

At a meeting of the Society of the Hospitals M. Henri Dufour reported the case of a man afflicted with renal sclerosis and having a *bruit de galop* with transitory hemianopsia, which the speaker inclined to ascribe to uræmia, on account of its temporary character. At the autopsy the lesions were those of the renal heart and interstitial nephritis. The suprarenal capsules were enlarged and bosselated without being tuberculous. In the left occipital lobe of the brain were lesions which explained the hemianopsia. The speaker believed that often, in partial or generalized encephalopathy, called uræmic, we are dealing with a prior organic condition without which we should be unable to explain the morbid cerebral localizations occurring under the influence of such a general cause as an intoxication by different poisons or hypertension.

As regards general cerebral involvement, as convulsive epilepsy, the speaker recalled a former work in which he had maintained that in intoxication (plumbism) or autointoxication (uræmia, labor) we witness, in people from 52 to 62 years of age, a reappearance of the convulsive tendency of childhood. He is of the opinion that increased tension serves only to set in action an anterior organic state, but that it explains the sometimes singular abruptness with which the cerebral determination begins.—La Tribune Médicale.

Pneumonia.

To relieve the cough and pain in pneumonia Danforth recommends the following combination:—

℞ Codeinæ, gr. ij.
Liq. ammon. acetatis,
Spts. chloroformi, of each, ʒiv.
Syr. lactucarii, q. s. ad ℥ij.

M. Sig.: One teaspoonful every hour. —Journal of the American Medical Association.

To Reduce Arterial Tension.

Huchard recommends in the incipient stages of arterial sclerosis the following prescription to reduce arterial tension:—

℞ Sodii nitritis, gr. xxx.
Pot. nitratis, ʒiiss.
Sodii bicarbonatis, ʒv.
Aquæ destillatæ, ℥x.

M. Sig.: A dessertspoonful to a tablespoonful once or twice daily in half a glass of water.—Therapeutic Review.

Migraine.

Dr. Styll says that a favorite formula of his is a pill composed as follows:—

℞ Zinci phosphidi, gr. $^1/_{10}$.
Ferri redacti, gr. j.
Ext. nucis vomicæ,
Ext. cannabis Indicæ, of each, gr. $^1/_4$.

M. et ft. pil. no. j.
Sig.: One pill three times daily.

He gives one such pill three times daily for one month, then alternates for two weeks with some other nerve-tonic, after which he resumes the use of the above pill for another month, and so on.—Central States Medical Magazine.

Malaria.

Dr. Scale Harris, of Union Springs, Ala., says, in the Atlanta Journal-Record of Medicine:—

"The following is a favorite formula, and one with which I have cured many cases of malaria, both the intermittent and remittent forms:—

"℞ Quinine sulphate or hydrochlorate.
gr. xl vel ʒj.
Salol, gr. xl vel ʒj.
Codeine sulph., gr. iij.
Phenacetin, gr. xxx vel xl.

"M. et ft. in caps. no. xij.

"Sig.: One capsule every three or four hours.

"The following formula, having the quinine in solution, is not very unpalatable, and cured many cases where the quinine alone failed:—

"℞ Quiniæ sulphatis, gr. l vel lxxx.
Acidi hydrochlor. dil., fʒiss vel iiss.
Tr. zingiberis, fʒiiss vel iv.
Tr. opii camph., fʒii vel iv.
Syr. limonis, f℥ij.
Aquæ, q. s. ad f℥viij.

"M. Sig.: Tablespoonful every four hours. Take through a straw."

Treatment of Serous Effusions.

In a clinical lecture delivered at the Liverpool Royal Infirmary by Dr. James Barr, and published in the British Medical Journal, the author describes a new method of treating serous effusions. The idea occurred to him to inject 1 fluidrachm of adrenalin chloride solution into the pleural sac, in a case of abdominal cancer extending to the pleura, after the aspiration of a large quantity of bloody serum, the object of the injection being to lessen the secretion. There was no further secretion, consequently no further tapping, and the patient spent the remainder of her life in perfect comfort so far as her chest was concerned.

This treatment was extended to cases of ascites due to hepatic cirrhosis in which marked results were not expected. However, the rapidity of secretion was diminished and no ill effects were noted, the quantity of adrenalin solution used varying from 2 to 3 fluidrachms.

In a case of pericarditis with effusion in a lad, 19 fluidounces of serum were withdrawn from the pericardium, but a reaccumulation rapidly followed. The patient's condition becoming critical, the paracentesis was repeated, twenty ounces of fluid being withdrawn, with immediate improvement in the quality of the pulse. Forty minims of adrenalin chloride solution, 1 to 1000, was injected into the pericardium. The pulse at the wrist disappeared, the boy became of an ashy-leaden hue, and had an anxious expression. Immediately nitroglycerin and atropine were administered and the boy quickly rallied. No further tapping was required. The same patient had a subsequent attack of left pleurisy with effusion. Ten fluidounces of serum were withdrawn from the chest and 1 fluidrachm of adrenalin chloride solution was injected. There was no reaccumulation.

In a case of tuberculous peritonitis and ascites two hundred fluidounces of serum were drawn and 2 fluidrachms of adrenalin chloride solution introduced into the peritoneal cavity, with 4 pints of aseptic air (to prevent adhesions). Thirteen days later two hundred and thirty-seven fluidounces of serum were withdrawn and 2 fluidrachms of adrenalin chloride solution and 2 pints of air were injected. Upon a third occasion, eleven days later, one hundred and ninety-six fluidounces of serum were obtained by tapping, and 3 fluidrachms of adrenalin chloride solution and 4 pints of sterile air were injected. No reaccumulation of fluid occurred.

A female child of 7 years was the next patient. One pint of fluid was withdrawn from her pleural cavity and 1 fluidrachm of adrenalin chloride solution and $^1/_2$ pint of sterile air were injected. Though it was highly probable that the pleurisy was tuberculous, there was no reaccumulation of fluid and the patient recovered.

Diabetes Mellitus.

In subacute cases the following is recommended by W. H. Thomson:—

℞ Benzosol, gr. xlviij.
Sodii benzoatis, ʒiv.
Acidi arsenosi, gr. j.
Sodii salicylatis, ʒiij.

M. et ft. cap. no. xlviij.
Sig.: Two capsules one hour after meals and at bedtime. Or:—

℞ Sodii sulphocarbol., ʒij.
Salicini, ʒj.
Phenacetini, ʒij.
Ammon. benzoatis, ʒiv.

M. et ft. cap. no. xlviij.
Sig.: Two capsules one-half hour after meals.—Journal of the American Medical Association.

The Oats Cure in Severe Cases of Diabetes Mellitus.

At the last meeting of naturalists at Carlsbad Prof. Carl von Noorden, of Frankfort-a-M., Germany, submitted a short report concerning a striking phenomenon in diabetic patients, who with a strictly regulated diet are never or only temporarily free from sugar, but may ofttimes be quickly and surely relieved from glycosuria when nothing is administered to them but large quantities of oats. To make success more certain, butter and simple albuminous foods are admissible, but no other carbohydrates and no meat. The decrease of sugar is accompanied by the elimination of acetone bodies and of ammonia. He further stated that, upon return to the conventional diabetes diet, great caution should be observed, as otherwise the acetone bodies multiply to an alarming degree.

"After various trials with other preparations, I now utilize for the oat cure only Knorr's oatmeal or the oat-groats of Hohenlohe. This substance is to be boiled in water for a considerable length of time, with the addition of a little salt. While boiling, butter and some vegetable albumin, or, after cooling off, beaten white of an egg, is added. We commonly use roborat, or rice-albumin, which, as regards taste, is preferable. The usual daily doses at the beginning of treatment were: 250 grams of oats, 100 grams of albumin, and 300 grams of butter. The soup thus prepared was given every two hours. In addition, a little brandy or wine and a little strong black coffee were allowed."—Postgraduate.

Tapeworm.

The following outline of treatment is recommended by C. Query in the treatment for the removal of tapeworm:—

℞ Pepo (seeds), ʒx.
Ext. granati, ʒiiss.

M. Sig.: Divide into twenty parts and take five every half hour, after fasting for twenty-four hours.

One-half hour after the last dose a combination of tinctura jalapæ composita and syrupus frangulæ should be given.—Journal of the American Medical Association.

Acute Rhinitis.

Marshall prescribes internally a tablet composed as follows:—

℞ Camphoræ, gr. ss.
Ext. aconit. rad.,
Puv. opii, of each, gr. $^{1}/_{10}$.
Ammon. chlorid.,
Quinin. sulphat., of each, gr. ss.
Ext. belladon. fol., gr. $^{1}/_{20}$.

This, he says, in the majority of cases, will reduce secretion, allay postnasal irritation, and in many cases be all that is necessary to check or abort the cold.—Southern Medicine and Surgery.

Hoarseness.

"I have frequently used the following prescription, and generally receiving satisfactory results, in the hoarseness of adults:—

"℞ Potass. bromide, gr. xv.
Potass. acetate, gr. xx.
Spt. of nitrous ether, *m*xx.

"M. Dissolve in a half glass of hot water.

"Sig.: Give at one dose. Repeat every three hours till relieved."—L. Shelby Greene, M.D., of Elma, Miss., in the Medical Summary.

Podophyllin as a Vermifuge.

Neumann has had a number of cases of anchylostoma worms to deal with, and says that the treatment with calomel and with filix mas has proved unsatisfactory. In the majority of the cases the patient exhibited no symptoms at all other than the presence of the eggs of the worms in the fæces. In most cases he gave very large doses of calomel and of extract of filix mas, and noticed that the eggs disappeared more readily when toxic symptoms of these drugs were manifested. It occurred to him that the clearing out of the worm was less likely to be due to the poison circulating in the blood-vessels as to the local damage which the two drugs produced on the epithelium of the intestinal tract. Since podophyllin attacks the intestinal epithelium he thought it wise to watch the effect of this drug on the eggs and worms. In actual practice he found that it acted well in many cases, and where it failed he found that a subsequent dose of filix mas on the fifth day after the podophyllin had been taken sufficed to remove the worms. It appears that the podophyllin possesses a peculiar property of changing the mucous membrane of the intestine, and thereby hindering the worm from remaining attached. He considers that its action is much more specific than that of calomel, and is not nearly so dangerous.—British Medical Journal.

Chronic Dyspepsia in Children.

W. R. Jordan says that when the constipation has been corrected the following should be prescribed to increase the strength and appetite of the patient:—

℞ Tinct. ferri chloridi, gtt. lxxv.
Liq. strychn. (1 per cent.), gtt. xv.
Aq. chloroformi, q. s. ad ℥iv.

M. Sig.: Two teaspoonfuls after each meal in water.—Journal of the American Medical Association.

Eczema.

In gouty and rheumatic patients Brocq recommends the following combination:—

℞ Quin. hydrobrom., gr. j.
Ext. colchici, gr. $^1/_6$.
Pulv. digitalis fol., gr. $^1/_3$.

M. Sig.: Two or three such pills daily.

Or:—

℞ Quin. hydrobrom., gr. j.
Ext. belladonnæ, gr. $^1/_{60}$.
Ext. gentianæ, gr. j.

M. Sig.: One such pill four to eight times daily.—Journal of the American Medical Association.

Cough Mixture.

℞ Ammon. hypophos., gr. iij.
Ipecac, gr. $^1/_8$.
White pine, gr. iv.
Blood root, gr. $^1/_2$.
Pleurisy root, gr. vj.
Heroin hydrochl., gr. $^1/_{24}$.
Menthol, gr. $^1/_{40}$.
Syr. tolu, q. s. ad ʒj.

—Dr. Henry F. Langhorst, Elmhurst, Ill., in the Medical World.

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THE EVIL EFFECTS OF PASTEURIZED AND STERILIZED MILK.

The artificial feeding of infants is a subject which has always engaged the close attention of the medical practitioner. In later years, corresponding to the development of bacteriology and physiological chemistry, a number of new methods have come into vogue. The problem relates principally to large cities, in which so many mothers are unable to furnish Nature's pabulum and in which we must depend upon milk brought from a distance. Great efforts have been made in order to procure milk free from gross contamination. After every precaution has been taken, from the dealer to the retail vender, there is always a large number of bacteria contained in the milk. The proposition next arose to destroy these micro-organisms by sterilizing the fluid. It was found, however, by practical experience that the process of sterilization produced hard coagula, and altered the taste of the fluid so that it was less palatable, digestible, and nutritious than raw milk of a good quality. The next stage of development in laboratory methods consisted in pasteurizing instead of sterilizing,—*i.e.*, subjecting the milk for forty-five minutes to a temperature of 167° F. instead of 212° F.,—with the idea that it would be sufficiently sterilized without alteration of taste or diminution of digestibility. Finally, analyses and comparisons, tables, mathematical formulæ, and laboratory modifications resulted in the scientific sterilized or pasteurized and humanized milk.

The men of the laboratory are sometimes more scientific than Nature herself, but whenever this occurs their calculations are apt to be upset. Theoretically, an ideal product had been evolved as a substitute for mothers' milk. Human infants, however, are not nourished upon mathematical formulæ. Notwithstanding the elaborate attempts, these scientifically humanized preparations have proven of less value than good, pure, cows' milk.

Many observant practitioners and pædiatrists have realized the dangers of this form of feeding and some have sounded a note of warning on the subject. The modifications to which we allude spoil the taste of the milk and render it less acceptable to the babes. It disturbs the digestive function, and whatever has this effect is incapable of producing any permanent benefit. If, on the one hand, we avoid, by the use of such preparations of milk, the more acute disorders of the alimentary system, it is only to expose the infants to the development of serious constitutional diseases, especially rickets and scurvy, which have long been recognized as peculiarly due to the nature and quality of the diet. The use of this modified milk is laying the foundation of such disease of the blood and blood-making organs and the bones, as well as other important organs and tissues, that the result is seen in deformed, distorted, weak, and stunted creatures.

The objections to pasteurized, sterilized, "humanized" milk apply especially to that dispensed on a large scale by municipalities or charities dedicated to that purpose. We recognize the kindliness of the intention, but these movements are based upon theoretical considerations which have not been realized in practice. The consequence is that harm is being done instead of good.

A case directly illustrative of the disadvantage of municipal humanized, sterilized milk has been reported by Dr. Henry Ashby, of Manchester, England, Lecturer in Diseases of Children at Owens College.[1] The parents were strong and healthy people and the infant, their first, was 10 months of age. It had been born healthy and had been nursed by its mother till it was six weeks old, but as at that time she was not satisfied with its progress she weaned it, substituting "humanized," sterilized milk obtained from a municipal milk depot. The milk was stated to be white and sweet, but often there was butter oil floating on the top after the milk was warmed. This milk had been used exclusively until the date when Dr. Ashby was consulted, apparently of the original strength, but they had increased the amount and added some baked flour. The infant did fairly well until he was about 8 months old. He then began to cry when handled and kept his legs still, as if paralyzed, instead of kicking about as he had formerly done. At the age of 10 months the gums were swollen and purplish around four incisor teeth which had been cut; the roots of the finger-nails were injected, and both legs were much swollen beneath the knees, immobile, tender, and shiny. The bones of the arms were tender. The infant was poorly nourished. There was some enlargement of the epiphyses of the forearms. Dr. Ashby points to the resemblance which the case bears to the scurvy so often seen from the prolonged use of preserved food. Among this latter class, both in private and hospital practice, he estimates that, for every typical case of scurvy, at least half a dozen will be seen which exhibit indefinite symptoms of scurvy. "The tenderness of the bones may be entirely absent, but there is anæmia, loss of flesh, distaste for food, sometimes diarrhœa of a dysenteric type, more rarely hæmaturia, a fine zone of pinkness in the gums around the teeth, and perhaps a similar zone of pinkness at the root of the finger-nails. . . . In such cases improvement at once follows a change of food, such as a milk-whey mixture and orange-juice. I mention this because I feel sure that the amount of mischief done by preserved foods is not to be measured by an odd case of typical scurvy." The same is true of humanized milk.

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[1] British Medical Journal, February 27, 1904.

Pronounced scurvy is not nearly so rife as in a former generation, when a monotonous diet of salt junk and ship-biscuits was the lot of the sailor, and many persons on shore, especially in asylums and prisons, had but little more variety of fare. We have witnessed cases of the kind in orphan asylums and also in private practice, especially in boys who eat large quantities of meat and scarcely any vegetables.

The employment of the modified milk of the laboratory, therefore, cannot be regarded as having solved the problem. We coincide in the opinion editorially expressed in the same issue of the British Medical Journal, and, in fact, have already testified to that effect in THE MEDICAL BULLETIN. "A baby is not a test-tube. Like all other animals, the healthy human infant can digest and dispose of a diet which departs a little from the absolute standard of accurate chemical analysis. . . . The all-essential point is that the milk should be pure, fresh, and clean. . . . Clean milk—this is really the alpha and omega of the whole matter." That there are numerous opportunities for the contamination of milk we all admit, but we can insure better results by safeguarding our supply than by pasteurizing and sterilizing inferior grades of milk.

The food intended by Nature for the nourishment and support of the infant is its mother's milk. In the failure of this supply the best practicable source—setting aside the question of wetnurses—is cows' milk. The fluid must, however, be free from gross and avoidable impurities. Our need is for a reasonably pure milk and not for one which is full of germs and requires sterilization. The presence of putrefactive and specific bacteria spoils a milk beyond all possibility of sterilization.

Our true hope lies not in the direction of sterilization of inferior or contaminated milk, but in the rigid execution of laws regarding the milk traffic from its origin on the farm to its destination—the city consumer. Every step of the progress should be carefully and intelligently supervised. Upon this phase of the subject we have already written editorially in THE MEDICAL BULLETIN.[1] Scrupulous watchfulness on the part of city and State would render unnecessary recourse to methods that are fraught with danger. A campaign of education should be carried on along these lines. The facilities for securing pure milk at the dairies are not necessarily expensive. It is eventually to the financial interest of the dairymen to interest themselves in this subject, for superior grades of milk command a higher price in the market.

PERNICIOUS ANÆMIA.

IN connection with a number of discussions upon pernicious anæmia which had taken place in the Medical Society of the Hospitals, H. Vaquez and Ch. Aubertin recently communicated the history of an unusual case which had been under their care.[2] The patient was a lad of 19 years who first sought advice on account of debility and palpitations. Impressed at once by the pallor of the skin and mucous membrane and absence of swelling of spleen or glands, a blood-count was made which showed 850,000 red corpuscles and 6000 white corpuscles. The diagnosis was grave, pernicious, or symptomatic anæmia. The father was alcoholic and syphilitic. It was difficult to decide whether his mother had been contaminated. At all events, she had had one miscarriage, and one of her children died at the age of 1 month with signs of congenital debility. The babe was pale and feeble from birth, notwithstanding that it received every attention.

The patient had been remarkably pale from early youth and his parents had not expected him to live. Nevertheless he developed almost normally, and was bright, and active. He had never acquired syphilis or gonorrhœa. It was impossible to determine the exact beginning of the disease, as he had always been so pale, but decided symptoms seemed to manifest themselves about the time of puberty. He grew gradually worse, but continued to work until within a few weeks of the date when he came under the observation of the reporters.

The patient was but slightly emaciated. His skin and mucous membranes were almost absolutely colorless. Some purpuric spots and ecchymoses were found upon his body. The heart's action was rather fast and there was a systolic murmur. There was an intense murmur in each jugular. The urine contained urobilin and indican, but no albumin. There was no subjective or objective disorder of the nervous system. From this time onward the red corpuscles steadily diminished until on the day of his death they numbered only 300,000. The whites varied from 6000 to 4900. It was remarkable that there was no deformity of the red globules. There were no nucleated red cells. Neither opotherapy nor arsenic had any effect, and the disease progressed steadily to its fatal end, which occurred two months from the time when he first came under observation. The marrow of the femur was absolutely yellow. That of the ribs was of a faint rose-color. The spleen was small and the lymphatic glands were not enlarged. Few cells were found in the marrow.

In their critical study of this interesting case the authors first remark the absence of the causes to which the disease is generally ascribed. There had been no gastro-intestinal troubles during life, and no important alteration of the stomach or bowel was found at the postmortem examination. A parasitic origin was negated by examination. The patient presented certain features of infantilism, which is not unusual in pernicious anæmia, but the authors were unable to discover any sufficient cause for the disease. With the exception of diminished number of corpuscles, the authors did not meet with those changes which generally accompany pernicious anæmia. Cases of this kind have rarely been encountered. Ehrlich has studied and reported several of a similar nature.

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[1] October, 1903.

[2] "L'Anémie pernicieuse d'après les conceptions actuelles." Par E. Vaquez, agrégé, médecin de l'hôpital Saint-Antoine; et Ch. Aubertin, interne des hôpitaux. La Tribune Médicale, 19 Mars, 1904.

The authors endeavor to classify the different varieties of anæmia and compare them with each other in the attempt to trace the true relationships of the pernicious form. A slight degree of anæmia exhibits under the microscope deformities of the reds, an increase in their diameter, and the presence of nucleated reds. This form they term orthoplastic anæmia. It is of favorable prognosis. More serious cases have received the designation of metaplastic anæmia, and are characterized by the presence of nucleated red corpuscles in large number, some of abnormal size, many deformed as to contour, and also by cells of primordial type. A third, or aplastic, variety, is indicative of more serious disease of the organs of sanguification and of grave prognosis.

Consultation Department.

Purpura Hæmorrhagica.

Dr. X. writes concerning the case of a sandy complexioned, nervous boy of 9, who was attacked by free bleeding from the nose, followed by various vermilion-colored spots, about the size of a pin's head, scattered over the greater part of the body.

The vermilion-colored spots upon the surface are due to the condition known as purpura simplex—an extravasation of blood into the substance of the skin. The epistaxis superadded causes the case to be ranked as purpura hæmorrhagica. The hæmorrhagic is more severe than the simple form. Nosebleed is the commonest occurrence, but blood may escape from any of the mucous membranes, as from the mouth, bowels, and genito-urinary apparatus.

Purpura hæmorrhagica demands rest in bed; plain, but nutritious, diet; and perhaps stimulation, with the administration of iron, ergot, and quinine. Tannic acid and oil of turpentine in small doses have been used with success. Potassium chlorate, in doses of from 5 to 10 grains, is of advantage. The fluid extract of witch-hazel in 10- to 30-drop doses thrice daily is also esteemed. The iron is best given in solution if the stomach is not rebellious, and the tincture of the chloride is generally the preferred preparation. If there is gastric intolerance the iron may be given in the form of a pill or capsule combined with ergotin. In grave cases the latter can be hypodermically injected. If hæmorrhage from the nose proves unmanageable by purely medical means the nares should be plugged. Purpura hæmorrhagica is capable of causing death. Hence treatment needs to be active and the prognosis guarded.

Chronic Malaria.

Dr. H. has a patient—a lad 19 years of age—who has been suffering from malarial intoxication for four months. For five weeks he has had flushes of fever at irregular times without chills. His skin and mucous membranes are pale; tongue, dirty; bowels, irregular; appetite, poor; spleen, enlarged. There is pain shooting from the splenic region into the back.

This is a good example of what is known as malarial cachexia.

A combination of iron, quinine, and arsenic will be beneficial. To such a patient I would give:—

℞ Ferri sulph. exsic., gr. x.
Acidi arsenosi, gr. j.
Quininæ sulph., gr. xl.

M. et ft. in capsul. no. xx.
Sig.: One capsule three times a day.

If the pain in the side and back seems sufficiently severe to demand a special remedy I should give him 1 grain of powdered opium at night made into a suppository. This dose will probably be large enough in a youth. I should be careful in my use of an opiate for fear of forming a habit.

Hereditary Syphilis.

Dr. H. H. communicates the history of an infant. Seven years before its birth the mother had been infected with syphilis by her first husband. She had been free from any manifestations for six years. She had, however, had miscarriages and had borne several babes who were covered with eruptions and only lived a few days. Finally, her first husband died and she took a second. Her first child by this man seemed healthy when born, but two months later numerous blebs appeared all over the body, and especially upon the palms and soles. Soon afterward the left arm was completely and suddenly paralyzed.

This is a very interesting case of hereditary syphilis. The best medicinal treatment will be mercury with chalk,—hydrargyrum cum cretâ,—given in $^1/_2$-grain doses three times a day. If this should disturb the bowels I should discontinue it and have recourse to mercurial inunctions. Great attention should be paid to the hygienic surroundings.

Enlarged Bronchial Glands.

Dr. C. asks concerning the case of a strong, well-nourished man, 45 years of age, who has had symptoms of indigestion for nine months. Four months ago his forearm and hand swelled without apparent cause. Pressure caused pitting, but there was not much pain. This œdema continued for two weeks. There was sharp pain shooting from just below the left clavicle into the left axilla, down the left arm as far as the elbow, and also into the back. There is no swelling now, but the pain in the breast and arm is still present. The right arm has been unaffected. There has been no œdema of the feet or legs. The pulse is alike in both wrists as regards force and frequency. Lungs and heart are normal. Behind the left clavicle an enlarged lymphatic gland can be detected, and slightly enlarged glands in the left axilla. The man works every day, although he does not feel quite as strong as he formerly did. He had never had syphilis or any serious disease. His mother is still living and healthy. His father died years ago of alcoholism.

I suspect that the enlarged glands furnish the key to the situation. In addition to those which are felt in the axilla and behind the clavicle there is probably a chain similarly affected along the route of the bronchial lymphatic system. Their pressure may cause a temporary œdema, and account for the pain. I would suggest:—

℞ Potassii iodidi, ʒvj.
Tincturæ cardamomi co.,
Tincturæ gentianæ co., of each, ℥ij.
Syrupus sarsaparillæ co., ℥iv.

M. Sig.: Dessertspoonful three times a day.

Valvular Heart Disease.

Dr. M. asks for suggestions in the case of a boy, 10 years of age, who had never been strong, has had several attacks of jaundice, and is short of breath. A month ago he was confined to his bed on account of severe pain in the abdomen. Subsequently his legs, feet, and face became œdematous. There was a trace of albumin in the urine. There is a murmur at the base of the heart, transmitted outward for a short distance. The amount of albumin has largely increased. The kidneys are inactive.

I would place this boy upon 10 drops of digitalis every four hours, which will increase the secretion of urine and steady the action of the heart. The diet should be nutritious and the bowels should be kept active. Belladonna is very useful, conjoined with digitalis, when the heart's action is irregular. I should try to keep up the boy's general health by every possible means in order to delay the occurrence of dilatation.

Medical News and Miscellany.

Decapsulation of Both Kidneys.—Professor Ashton recently operated upon a male patient in the Medico-Chirurgical Hospital. He exposed the kidney by an incision parallel to the spinous mass, extending from the twelfth rib to the crest of the ilium. Each kidney was drawn through the incision, separated from its false capsule, and its proper capsule stripped to the pelvis and cut away with scissors. Each kidney was then dropped back and the wound closed. Prior to the operation the urine contained a large quantity of albumin, with many hyaline and granular casts of various sizes; a few long, broad blood-casts; many red blood-corpuscles and pus-cells. There were also numerous bacteria. This examination was made on March 13th. On March 30th an ophthalmoscopic examination was made. The optic disc of the right eye was pale; there was arteriosclerosis, but no hæmorrhage or colloid degeneration. The optic nerve of the left eye was well defined on the temporal side, but indistinct on the nasal side. There was a colloid spot the size of a split pea over an area of hæmorrhage. There was no hæmorrhage on the fundus and no change in the arteries or veins of the left eye.

After the operation a urinary examination, April 19th, showed only a moderate amount of albumin in the urine. There were a few hyaline and granular casts, numerous red blood-corpuscles, a few leucocytes, and some epithelium. The eyes were again examined April 20th. The optic nerve of the right side was clear and distinct. In the left eye the colloid spot had entirely disappeared and the outline of the nerve was clear.

Dr. C. J. Cullingworth, LL.D.—The University of Aberdeen has conferred the honorary degree of Doctor of Laws upon Dr. C. J. Cullingworth, obstetric physician to St. Thomas's Hospital, London, Eng.

May Lippincott's Magazine.—The May issue of Lippincott's is strong from the opening page of its novelette through to the close of the last short story. "Figs from Thistles" makes Frederic Reddale's third appearance through the medium of a long tale in this Magazine, and his work may be honestly described as good, better, and best. This last shows maturity in both the plot and the handling of it. Its heroine, Janet Persis, is young and pretty, yet too prudent to marry for love alone, after an apprenticeship to poverty as one of seven daughters of a country clergyman.

.Heading the list of seven short stories is "In the Springtime," by Henry Wysham Lanier, a happy mingling of spring rain and loving. A rousing sea-story by Patrick Vaux is entitled "Grit: A Tale of the Next War." "Lavender," by Lizette Woodworth Reese, is a touching story of an erring girl and a mother's faith rewarded. This is remarkably well told. Another one of Ella Middleton Tybout's parables is called "The Blast of the Trumpet," and sustains her reputation for humor. "The Solution," by Juliet Wilbor Tompkins, is about the trials of a sensitive, over-tall girl and how she clears away the shadow which threatens to spoil her life. Prince Vladimir Vaniatsky contributes a gambling tale called "Fate's Juggler," which is written in the vivacious style characteristic of the author. "A Confederate of Chaperones," by Alma Martin Estabrook, is a clever and engaging story of a girl's "broken heart."

Two interesting papers in the Magazine are "Some Roman Contrasts," by Maud Howe, which is delightfully readable; and "What Man is to a Bird," by the noted naturalist, Dr. Charles C. Abbott.

The poets represented this month are Minna Irving, W. H. Belford, Richard Kirk, John Hall Ingham, Clara Elizabeth Ward, Will McCourtie, William Lucius Graves, and William H. Frost.

The humorous department called "Walnuts and Wine" is generously supplied with jokes both rich and rare.

McClure's for April.—The first of a series of articles on "The Enemies of the Republic," by Lincoln Steffens, which will consider the misgovernment of States, takes up Missouri. Ida M. Tarbell follows close with an account of the alleged "Breaking up of the Trust" in her "History of the Standard Oil Company." As usual, Miss Tarbell deals only with the facts. They tell their own story and shape their own conclusion.

Thomas Nelson Page goes right to the heart of the negro problem and uncovers some of its "Difficulties and Fallacies" in his second paper on that subject. Mr. Page sweeps away both the vain theories of the doctrinaire and the narrow prejudices of the provincial with one free, strong stroke.

"Dreams of Happiness" are presented and interpreted by John la Farge in the third paper of his series on "One Hundred Masterpieces of Painting." Four beautiful and alluring selections from Giorgione, Rubens, Watteau, and Puvis de Chavannes are considered and attractively reproduced.

Seven live short stories make up the fiction of the number. O. Henry interviews a train robber and gives a humorous recountal of the trials and joys of that profession in "Holding up a Train." Samuel Hopkins Adams accomplishes that difficult feat of building a successful story on a current event in taking the plot of the "Little Fat Fiddler" from incidents of the Iroquois Theater fire. Popular interest in stories of children will find satisfaction in "Miss Milly's Crèche," by Ellis Parker Butler, with attractive illustrations in color by Alice Barber Stephens. The possibilities of the American prize-fight as a vehicle for fiction are shown by Harold R. Durant in "The Unknown," which includes a vivid description of a ring battle. George Wright illustrates it exceedingly well.

Justus Miles Forman unmasks the soul of a man who will not allow wealth or society or family to turn him aside from his pursuit of art for art's sake in "Andrea del Sarto." "A Modern Adam" in a manless world which he has caused and fears is a fanciful dream by F. J. Stimson. "The Way it Was" is described by George Hibbard in a story of two young New Yorkers who fled from love to the slums and there found it. "The First Watch," a poem by Harriet Prescott Spofford, inspired by a painting of Marco Basaiti, concludes the issue.

Tri-state Medical Society of Iowa, Illinois, and Missouri.—The Tri-state Medical Society of Iowa, Illinois, and Missouri will meet in St. Louis, June 15th, 16th, and 17th. An interesting program is being prepared, and some of the most distinguished physicians and surgeons of the country will attend the meeting. The president is Dr. W. B. la Force, Ottumwa, Iowa; and Dr. Louis E. Schmidt, 1003 Schiller Building, Chicago, is the secretary. Dr. James Moores Ball, 3509 Franklin Avenue, St. Louis, is Chairman of the Committee of Arrangements.

The Cosmopolitan.—The May Cosmopolitan starts off with an elaborately illustrated article on the "Making of a British Tar." The account has an especial interest for this country, as we are using very nearly the same methods in our own navy. "Wonderful Whale-Hunting by Steam," by P. T. McGrath, describes graphically the new industry of rorqual catching off the Newfoundland coast. M. Paul Nocquet, the well-known French sculptor and aëronaut, tells as only a Frenchman and an artist can how it feels to voyage in the air. It makes one long to experience the sensation. Other heavily illustrated features of this interesting and timely issue are: "The Training of a German Actress," by Grace Isabel Colbron; "Intellectual Germany of To-day," by Wolf von Schierbrand; "The Ruins of Baalbek," by Dulany Hunter; "The Most Athletic Nation in the World," by H. H. Boyesen, 2d; "Interesting Personalities in the Business World—Norman Bruce Ream," by Edwin Lefevre, and "Sports with which We are Unfamiliar," by Helmet Stag Archer. The fiction is contributed by Seumas McManus, O. Henry, Julia B. Foster, and Florence Stewart. Mr. H. G. Wells's wonderful romance of science and progress reaches an exciting climax, and Cyrus Townsend Brady continues the "Dramatic History of South America" series. The issue is one of the best illustrated of the month.

Dr. H. J. Bogardus.—Dr. H. J. Bogardus, for some time one of the surgeons to the New York Orthopædic Dispensary and Hospital, has been appointed surgeon to the orthopædic department recently established at Christ Hospital, Jersey City.

Twentieth Century Home.—The May issue of the Twentieth Century Home is on hand with a feast of reading and wealth of illustrations for the up-to-date woman. There is a double page of pictures of prominent actors and actresses in their own homes. They are very interesting. Lady Henry Somerset contributes "Rural Life in England." Richard le Gallienne has a charming essay on "Child Loves," which Rose Cecil O'Neill has illustrated in as delightful a manner. Every housewife will be especially interested in "Oriental Rugs: How to Choose and Care for Them." She is told how to distinguish between the different varieties, which will add much to the pleasure of purchasing a rug. The article is to run through two issues. George J. Kneeland tells about the "Incomes of Wonderful Children." Alfred Veit has a paper discussing the personalities of the wives of famous composers. Bliss Carman, the poet, chooses "The Beautiful Foot" for a theme, and it is remarkable what he finds in his subject. Herbert K. Job's account of the heartless plume-hunting among the Florida bird haunts is enough to make every woman in the country abandon the wearing of the ornaments—beautiful, but obtained with cruel sacrifice and destruction of bird-life. Other fully illustrated articles are, "The Great Berlin Goose-Market," "The Wonders of Lensless Photography," "Some Old-Time Children's Books," "Madame Loubet, the First Lady of France." The departments are up to their usual standard. Fiction is contributed by Tom Masson, Harry Stillwell Edwards, and Elliott Flower.

Removals.—Dr. Franklin Brady has removed his office to the Professional Building, 1833 Chestnut Street, Philadelphia.

Dr. Charles Edwin Briggs announces the removal of his office to the Lennox Building, Cleveland, Ohio.

Dr. John B. Roberts announces the removal of his offices and residence to 313 S. Seventeenth Street, Philadelphia.

Dr. John Welsh Croskey, editor of the Medico-Chirurgical Journal, announces the removal of his office to 3325 Powelton Avenue, Philadelphia.

Dr. J. A. Corry.—Dr. J. A. Corry, of Barnesville, Ga., has been appointed Surgeon to the Central Georgia Railway Company, in succession to Dr. K. L. Reid, of Atlanta, Ga.

Encapsulated Brain Abscess Simulating a Brain Tumor.—Krogius reports the case of a 28-year-old peasant who, without any history of injury to the head, began to exhibit signs of irritation of the brain cortex, starting in with typical attacks of Jackson's epilepsy three months before he was seen by Krogius. One unusually severe attack was followed by complete temporary paralysis; to this was added increasing headache and paralysis of the facial nerve. Antisyphilitic treatment produced no results, and, as pain and vomiting made the patient's condition intolerable, he was operated upon. The fissure of Rolando was exposed by the formation of a large Wagner flap and through an incision in the cortex a firm tumor could be felt with the finger, with which it was then shelled out. This was followed by some loss of cerebro-spinal fluid, but a complete recovery finally ensued. The apparently solid tumor was the size of a hen's egg, but on cutting into it two completely separated abscess cavities were found, lined with a smooth membrane and filled with pus, which contained a pure culture of the yellow pus-coccus. Nothing is said in the abstract about any ear trouble. The case is a most unusual one, and adds one more to the already numerous difficulties attending the diagnosis of brain abscess.—Gaillard's Medical Journal.

Sir Lauder Brunton.—Sir Lauder Brunton has resigned his position as physician to St. Bartholomew's Hospital and has been elected an honorary consulting physician and a governor. Sir Lauder Brunton has been connected for thirty-three years with St. Bartholomew's Hospital.

Grady Hospital, Atlanta, Ga.—Dr. W. A. Crow has been appointed gynæcologist to the Grady Hospital to succeed the late Dr. V. O. Hardon.

Atlanta College of Physicians and Surgeons.—Dr. H. P. Cooper has been elected to the chair of obstetrics and gynæcology in the Atlanta College of Physicians and Surgeons made vacant by the death of Dr. V. O. Hardon.

Ohio State Pædiatric Society.—The Ohio State Pædiatric Society will hold its tenth annual meeting in Cleveland, on May 16th and 17th.

Book Reviews.

Morrow on Social Diseases. The Relation of Social Diseases and Marriage. By Prince A. Morrow, A.M., M.D., Emeritus Professor of Genito-urinary Diseases in the University and Bellevue Hospital Medical College, Surgeon to the City Hospital, Consulting Dermatologist to St. Vincent's Hospital, etc., New York. In One Octavo Volume of 390 Pages. Cloth, $3.00, net. Lea Brothers & Co., Publishers, New York and Philadelphia, 1904.

The social diseases are pre-eminently the result of the social evil. Syphilis and gonorrhœa are evils in themselves to the individuals who contract them by deliberate exposure. When one reflects upon their ultimate consequences and, above all, upon the spread of the infection to innocent victims—neighbors, friends, wives, children, or even utter strangers—one is appalled at the deadly menace that is always in our midst. Of late years especially it has become impressed upon the medical mind and conscience that our duty is not only due to the patients actually under treatment, but that we also have a service to perform to the community in preventing the spread and, as far as possible, the acquisition of venereal disease. As we all know, treatment of these diseases is not always an easy matter, but the purely medical management of patients is, nevertheless, a simple problem compared with that which relates to the broad subject of the social relations of these diseases. Above all other phases of the subject is the relationship of these affections to marriage and the propagation of the race. Infection of an innocent wife is a lamentable occurrence. The lost vision from gonorrhœal ophthalmia; the stunted, puny, crippled, or deformed creatures who inherit syphilis are painful evidence that the sins of the fathers are visited upon the children.

The entire population of the country, in fact, has an interest in these questions, for undoubtedly the propagation of enfeebled descendants saps the vitality of a nation. All these serious questions are discussed in a wise and thoughtful spirit in this book. Dr. Morrow has given much thought to the social aspect of venereal diseases, and has produced a work which all can consult with profit. Many a physician at many a time has been puzzled to know what was his duty in delicate situations. In this work he will find a judicious counselor. On some points as, for instance, the relation of gonorrhœa to the puerperal state, the author has introduced information so recent that it has not yet been incorporated into any text-book. The author does not finally dismiss his theme until he has given us an excellent section indicating the mode in which the whole vast subject is to be attacked at its fountain head—prostitution, with all that the term includes.

A Text-book of Physiology. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. With 137 Illustrations. Philadelphia: F. A. Davis Company, Publishers, 1904.

Physiology is one of the fundamental branches, not of medicine alone, but of life in general. As the life problems which confront the physician are those relative to disease as it manifests itself in the human subject, his study of physiology is directed chiefly to a comprehension of the laws of health as explanatory of those of disease. Aberrant physiology is pathology. Pathological lesions cannot be understood without a knowledge of physiology. The anatomical basis of the lesions is not the only matter to be studied. As pathology rests upon physiology, so the latter depends greatly upon chemistry. The principles of physics and chemistry must explain the various phenomena of life. The advance of chemistry has powerfully influenced the progress of physiological lore. On all these matters none is better qualified to speak than Dr. Ott. From an early period of his professional career he has been an ardent student of physiology, keeping pace with every step of its advance. He has been an original investigator and his diligent work in the laboratory is the foundation of his comprehensive grasp of the subject. It is the foundation also of the present work, although he purposely avoids going into detail as regards laboratory methods. The general practitioner does not need the details of experimental work so much as information of the present state of knowledge concerning digestion, the secretions, circulation, respiration, the functions of the nervous system, etc. This is the instruction which he will receive in this book. For this reason, on account of its solid merit and lucidity of style we are sure that it will be well accepted and highly appreciated by the profession. The author's familiarity with laboratory work, his experience in teaching his branch, his knowledge of the needs of both the student and practitioner peculiarly qualify him to produce an instructive and admirable work.

A Practical Treatise on Nervous Diseases. For the Medical Student and General Practitioner. By F. Savary Pearce, M.D., Professor of Nervous and Mental Diseases in the Medico-Chirurgical College of Philadelphia, etc. Colored Frontispiece and 91 Illustrations in the Text, Many in Colors. New York and London: D. Appleton & Co., 1904.

The author has given us an excellent manual. It is extremely well adapted to fulfill the purpose for which it was designed. He begins by stating the cardinal points of the anatomy and physiology of the nervous system. He proceeds to a consideration of general pathology, general symptoms and methods of examination, general therapeutics, the prevention of nervous disease, the acquirement of nervous health, after which he addresses himself to the task of describing the functional and organic diseases of the peripheral and central nervous systems. Throughout the work the author pays comparatively little attention to obscure and debated topics. His commendable object is to produce a work which shall instruct the student in all that is positively known concerning nervous function and in what manner that is affected and altered by the influence of disease. The symptomatology of the different diseases is described in a clear and direct style. The relationship between lesions of nervous substance and the resultant symptoms is traced and the reader is led to perceive the importance and position of these data in regard to diagnosis. The subject of pathology is discussed in a similar spirit. The chief and the practical features of the alterations in nervous structure are skillfully delineated. All these descriptions lead up to the subject of treatment. Men study, or ought to study, neurology with a view to affording every possible relief to an unfortunate class of sufferers. The author brings to our attention all the improved methods for the treatment of diseases of the nervous system, and tells us what can be done for patients of this class. We take pleasure in recommending this useful treatise.

Manual of Clinical Microscopy and Chemistry. Prepared for the Use of Students and Practitioners of Medicine. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized Translation from the Fourth and Last German Edition, with Notes and Additions, by Henry T. Brooks, M.D., Professor of Histology and Pathology at the New York Post-graduate Medical School and Hospital; Member of the New York Academy of Medicine, etc. With 148 Illustrations in the Text and 9 Colored Plates. Pages xxxii-412, Octavo. Bound in Extra Cloth. Price, $3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This is a valuable work. In it the author describes the methods of preparing bacteria for examination under the microscope, the manner in which external and internal parasites are studied; how to examine the blood in health and disease; the examination of the sputum, the gastric and intestinal contents, of the urine, and aspirated fluids. These are all matters of high importance—in themselves from the purely scientific point of view, and especially to the practitioner from their practical application. The directions for the preparation of specimens are given in the clearest manner, and cannot fail to be exceedingly useful to the student. The author never loses sight of the object of such pursuits. Although he is precise in his instructions as regards technique, he is careful in explaining the significance of what is prepared and observed. He lays stress, accordingly, on the interpretation of the findings, both chemical and microscopical. This branch of scientific medicine is one that is indispensable, and is constantly growing in scope and accuracy. The work represents the present state of knowledge on all the subjects of which it treats. As a guide to the student it is of high value. As a book of ready reference to the practitioner of medicine it is all that can be desired. The author has had a large experience in training classes at Leipzig and Hamburg and is a master of technical methods. The work will no doubt prove to be a very acceptable and useful exponent of the branch to which it is devoted.

A Text-book upon the Pathogenic Bacteria. For Students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia Hospital and to the Medico-Chirurgical Hospital, Philadelphia. Handsome Octavo Volume of 629 Pages, Fully Illustrated, a Number in Colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $3.50 net.

This has been a deservedly successful book. In concise language the author describes the manner in which the pathogenic bacteria are practically studied and gives the facts which are known as regards the conditions of their life, cultivation, and propagation. These micro-organisms which produce disease are, above all, of interest to the medical man. They are those with which he is directly concerned in his life's work. It is to his advantage to become as thoroughly acquainted with their characteristics as the present state of science admits. The care with which the work was originally prepared commended it from the start. As bacteriology is a rapidly growing branch of science, it is necessary to keep pace with its growth. These two factors account for the speedy reissue of editions. The present publication has been largely rewritten in response to the new facts and new doctrines which are in constant process of evolution. In its pages the student will find the details concerning the identification of the bacteria which cause disease. The practitioner who has not himself time to do laboratory work is instructed as regards the results which have been secured. It is these results which appeal especially to the physician.

A Text-book of Legal Medicine and Toxicology. Edited by Frederick Peterson, M.D., Chief of Clinic in the Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy, and Toxicology in Rush Medical College in Affiliation with the University of Chicago. Two Imperial Octavo Volumes of about 750 pages each, Fully Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Per Volume: Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

This is the second volume of the work. The first was reviewed in THE MEDICAL BULLETIN for October, 1903, page 416. This second volume is full of sound instruction on a most important range of topics It is devoted principally to sexual criminalities and toxicology. All the subdivisions of these fields of investigation are wrought out by men who have given special attention to their study. Sexual relationships often bring offenders in contact with the law. Illegitimate connections are a frequent source of crime. The questions which arise and which may be brought to the notice of a court and jury are pointed out in this volume, and the reader is shown the means at our disposal for forming an opinion on doubtful points. Pregnancy, legitimacy, abortion, infanticide, rape, and unnatural sexual offenses are some of the important matters which are considered in the first part of this volume. There are also instructive chapters upon malingering, impotence, sterility, venereal diseases, marriage and divorce, malpractice, the medico-legal relations of the x-rays, and the laws relating to the insane.

In the second part we are informed as to the various poisons which are used with criminal or suicidal intent, the postmortem imbibition of poisons, the medico-legal examination of blood and blood-stains, the medico-legal examination of seminal stains, of hairs, etc.

It cannot be too strongly impressed on the mind of every practitioner of medicine that he is not only the adviser of persons who are ill from natural causes, but he must also be the protector of those who are being deliberately injured by poison or done to death by violence. A man who is accustomed to tracing events to their causes will be prepared to act with good judgment in such cases and his opinion will be of value to the Commonwealth. In furtherance of the cause of justice and as a protection to himself as well as others every practitioner should possess and study such a work, and the one before us can be cordially recommended as a safe guide in positions of difficulty and perplexity. The volume is enriched by a number of graphic and beautiful illustrations and is well indexed.

A Text-book of Obstetrics. By J. Clarence Webster, M.D. (Edin.), F.R.C.P.E., F.R.S.E., Professor of Obstetrics and Gynæcology in Rush Medical College in Affiliation with the University of Chicago; Obstetrician and Gynæcologist to the Presbyterian Hospital, Chicago; Obstetrician to the Chicago Lying-in Hospital and Dispensary, Chicago, etc. Handsome Octavo Volume of 757 Pages, with 383 Illustrations, 23 in Colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

In this work the student and practitioner will find an excellent guide to the practice of a highly important branch of the medical profession. The work is written in the light of the most advanced researches in subjects related to the physiology and pathology of pregnancy and the puerperal state. The growth of the embryo has been closely studied during recent years and a very excellent description is given of the present state of knowledge. The phenomena of placentation are presented in a clear and graphic style. The important matter of the diagnosis of uterine pregnancy is presented in excellent style. A useful chapter discusses the hygiene and management of pregnancy. Upon this subject it is impossible to lay too much stress. Periodical analysis of the urine and abdominal examinations will prepare the physician for contingencies and prompt him to do whatever is in our power to prevent their occurrence. The progress, stages, mechanism, and management of normal and abnormal labor are fully described. The chapters devoted to that part of the general subject are full of practical information and useful instructions. The pathology of pregnancy, labor, and the puerperium is presented in excellent style. This is also a field in which much recent progress has been made and which is embodied in the chapters devoted to the topic. Many of the pathological data, important in relation to obstetrics, have been investigated in special researches by the author of this work. He has also given particular study to frozen sections illustrating the anatomical changes which occur during pregnancy, labor, and the lying-in period. An excellent section upon operative obstetrics concludes the work, which is of value as representing the original studies and the wide experience of Professor Webster. The book is plentifully and beautifully illustrated.

The International Medical Annual. A Text-book of Treatment and Practitioners' Index, 1904. Twenty-second Year. New York: E. B. Treat & Co. Price, $3.00.

This book has been a highly esteemed work of reference for nearly a quarter of a century. Year by year it offers to the practitioner a condensed summary of important publications. One in possession of this book obtains the gist of all the progressive work done during the year. Without the aid of such works it is impossible for the physician to keep himself informed as to advances and improvements in our art and science. Those interested in the preparation of this volume have spared no effort to present its material in such a concentrated form as not to increase its size. Nothing irrelevant is included in its pages, and it represents the essence of the year's literature. The contributions are, for the most part, arranged alphabetically and signed by the authors. These are men of recognized attainments and position. In addition there is a general review of therapeutic progress for 1903, prepared by Prof. Ralph Stockman and Dr. Frank J. Charteris, and a general review of medical and surgical progress by many contributors. As regards illustrations, a new departure has been made by introducing stereopticon views which facilitate the study of structures. Attention is also called to a series of plates showing the aspect and distribution of the eruption in small-pox and other infectious diseases.

A Manual of Clinical Diagnosis by Means of Microscopical and Chemical Methods. For Students, Hospital Physicians, and Practitioners. By Charles E. Simon, M.D., of Baltimore, Md. Fifth Edition, Thoroughly Revised and Enlarged. Illustrated with 150 Engravings and 22 Plates in Colors. Lea Brothers & Co.: Philadelphia and New York, 1904.

We have formerly had occasion to commend the characteristic merits of this work. It is admirably planned and has steadily grown in strict accordance with the progress of science, which, particularly as regards some of its subjects, has been very rapid. This development is an evidence of the vitality of the book. The chemical and microscopical examination of the blood, secretions, excretions, sputum, etc., is an exceedingly important assistance to diagnosis. It is capable of corroborating or refuting the diagnosis based only upon the study of symptoms. Every physician should, in justice to himself and especially to his patients, avail himself of the aid offered by laboratory methods. If destitute himself of skill or time he can always have examinations made by competent hands. Moreover, he should inform himself sufficiently, by the aid of such a book as that before us, of the significance of the facts revealed by laboratory methods. Only in this way can we keep abreast of the times. Often a diagnosis can be made absolute by the methods taught in this work.

This edition has been thoroughly revised and contains likewise much new matter. The chapter on the blood has been almost entirely rewritten. The subject of leucocytosis has been rearranged. On many pages alterations and corrections have been required. As now reissued, it is a true representative of the present state of knowledge concerning the subjects of which it treats.

The Blues (Splanchnic Neurasthenia). Causes and Cure. By Albert Abrams, A.M., M.D. (Heidelberg), F.R.M.S., Consulting Physician to Denver National Hospital for Consumptives, the Mount Zion and the French Hospitals, San Francisco, etc. Illustrated. New York: E. B. Treat & Co., 1904. Price, $1.50.

The mental depression popularly known as "the blues" is believed by the author to be dependent upon congestion of the intra-abdominal veins. An attack of the blues is regarded as nought else but an acute neurasthenia or an aperiodical exacerbation of chronic neurasthenia. The toxic products of digestion have a specific influence on the sympathetic system. In addition to the depression of spirits there may be abdominal sensitiveness, tenderness and enlargement of the liver, and flatulence. The methods which the author recommends for the treatment of splanchnic neurasthenia are: massage of the abdominal wall; exercises which strengthen the abdominal muscles; respiratory exercises; electricity to the abdomen; abdominal supporters; cold water.

Functional Diagnosis of Kidney Disease. With Especial Reference to Renal Surgery. Clinical Experimental Investigations by Dr. Leopold Casper (Privatdocent an der Universitaet) and Dr. Paul Friedric Richter (Assistent der III Med. Klinik). Translated by Dr. Robert C. Bryan, Adjunct Professor of Genito-urinary Diseases in the University Medical College, Richmond, Va., and Dr. Henry L. Sanford, Resident Surgeon to Lakeside Hospital, Cleveland, Ohio. Philadelphia: P. Blakiston's Son & Co., 1903. Price, $1.50, net.

The authors have prepared an interesting and instructive monograph. Irrespective of anatomical lesions, it is obviously a question of moment whether an organ is sufficient or insufficient to the performance of its proper work. Applying this idea to the kidney, we must endeavor to ascertain the capability, not of one, but of both kidneys. In pursuing their studies, which have such an important bearing upon renal surgery, the authors arrived at the following briefly stated conclusions: Kidney insufficiency cannot be determined from an examination of the renal secretion alone, but by the calculation of the molecular concentration of the blood. From the urine we may estimate the amount of work done by each kidney. By the determination of the molecular concentration of the blood is meant the comparison of the products of metabolism retained in the blood with those eliminated by the urine. This method does not calculate the retention of a single product, but measures the total of retained molecules. It is easily carried out technically. and by its aid it is possible to recognize even small variations from the normal.

This work is a model. It deals in an original spirit with some new problems, and should be studied by every surgeon who does renal operations.

A Manual of Bacteriology. By Herbert U. Williams, M.D., Professor of Pathology and Bacteriology in the Medical Department of the University of Buffalo. With 99 Illustrations. Third edition, Revised and Enlarged. Philadelphia: P. Blakiston's Son & Co., 1903.

From a study of this book, especially if supplemented by work in the laboratory, the student can gain a knowledge of the elementary facts of bacteriology. The book has answered a useful purpose, and the present edition is constructed on the same lines as the original work. Additions have been made wherever necessary to take note of improvements, and such changes have also been introduced as were required. The methods of preparing and cultivating the micro-organisms are clearly explained, and the chief facts concerning the morphology and properties of the pathogenic bacteria are given. The fundamental principles of the subject are well taught in this volume. An introduction gives a short, but interesting, sketch of the development of bacteriology.

Atlas and Epitome of Operative Gynecology. By Dr. O. Schäffer, of Heidelberg. Edited, with Additions, by J. Clarence Webster, M.D. (Edin.), F.R.C.P.E., Professor of Obstetrics and Gynecology in Rush Medical College in Affiliation with the University of Chicago. With 42 Lithographic Plates in Colors, many Text Cuts, a Number in Colors, and 138 pages of Text. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $3.00, net.

This is one of Saunders's "Medical Hand-atlases." We have commented favorably upon many other books belonging to this series, nor is this any exception. In clear language, assisted by the many excellent illustrations, the author describes the various steps of the operations which the gynæcologist is called upon to perform. Every physician is brought in contact with cases belonging to this department of practice. It is not always possible to send the patient to a specialist. Many procedures ought to be within the capability of every practitioner. For the benefit of those who wish to acquire knowledge concerning the mode of operating upon the female genital organs this work will be found very helpful. The book represents the experience and practice of the author. The American editor has added many short notes relative to his own methods or those which generally prevail in this country.

The Perpetual Visiting and Pocket Reference Book. Including Information in Emergencies from Standard Authors. St. Louis, Mo.: Dios Chemical Company, Publishers, 1904.

The title indicates the purpose of this book. Most of its space is occupied by pages arranged for the record of visits. It contains also obstetrical memoranda, a dose-table, and a section upon clinical emergencies, poisons, and antidotes. Those of our readers who desire this list will receive a copy by inclosing 10 cents in stamps to the Dios Chemical Company of St. Louis.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl von Noorden, Physician in Chief to the City Hospital, Frankfort-a-M. Authorized American Edition, Translated under the Direction of Boardman Reed, M.D., Professor of Diseases of the Gastro-intestinal Tract, Hygiene, and Climatology in the Department of Medicine, Temple College, Philadelphia, etc. Part IV. The Acid Auto-intoxications. By Prof. Dr. Carl von Noorden and Dr. Mohr. New York: E. B. Treat & Co., 1903.

We have taken pleasure already in calling attention to the preceding volumes of this series at their date of publication. Professor von Noorden is an acute clinician, an accurate observer, a scientific physician, and an original thinker. He never hesitates to take issue with current opinion when that seems controverted by his own experience. This series of monographs are deserving of careful study. In the book now before us the author reviews the present state of knowledge concerning the production of the acetone bodies, and describes their relationship to such serious conditions as diabetes mellitus and puerperal eclampsia. The class of diseases of which the author treats in this series is difficult to comprehend, because hitherto chemistry has not been able to explain the changes which occur in the process of nutrition and to isolate the products which are toxic to the organism. The marked progress that has recently been made in this branch of study has had an immense influence upon advanced conceptions regarding various forms of auto-intoxication. It has thrown light upon many dark problems and has in many instances reversed former beliefs. In this book von Noorden applies to clinical work the scientific facts which relate to and explain, more or less thoroughly, diseases which are well recognized, but the pathogenesis of which has hitherto been imperfectly understood.

A Manual of the Practice of Medicine. By A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital and to St. Agnes's Hospital; Fellow of the College of Physicians of Philadelphia, etc. Sixth Edition, Thoroughly Revised, Enlarged, and Reset. Handsome Post-octavo of 556 pages, Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Flexible Leather, $2.25, net.

This work, of moderate size, contains the fundamental facts relative to the practice of medicine. The chief symptoms of the diseases are given in brief terms. The cardinal points of diagnosis are faithfully indicated. The methods of treatment are concisely described. The book has run through five editions within a few years. In preparing this sixth issue the author has availed himself of the opportunity of making such additions or changes as seemed advisable. He has had a large experience in teaching students and is well aware of their wants. As a work principally designed for this class it deserves the favor with which it has been received. It serves as an excellent introduction to the larger and fuller treatises, which expand knowledge derived from the more elementary manual. It is well adapted for a starting-point for a wider scope of reading upon the general subject of medicine.

Are We to Have a United Medical Profession? By Charles S. Mack, M.D. Published and for Sale by the Author, La Porte, Indiana, 1904. Price, 25 cents, postpaid.

This pamphlet, written from the homœopathic point of view, discusses the relationship of that method of practice to the whole body of those whose mission in life is the relief of suffering and disease. It is well prepared and in a candid spirit. Those who are interested in the question will find in its pages statements and arguments which stimulate discussion.

Diseases of the Nervous System. A Textbook for Students and Practitioners of Medicine. By H. Oppenheim, M.D., Professor at the University of Berlin. Translated and Edited by Edward E. Mayer, A.M., M.D., Pittsburgh, Pa. Second American Edition, Revised and Enlarged. With 343 Illustrations. Philadelphia and London: J. B. Lippincott Company, 1904. Price, Cloth, $5.00, net.

We recognized the great merit of this work at the time of its first publication. Not only does it represent the present state of neurology, but it embodies observations which the author has never published elsewhere, and is therefore an original source of information in many matters. The plan of the original work has been followed in the subsequent issues, of which this American represents the third German edition. The intention of the author was to prepare a treatise which would be useful to practitioners. With that object in view he has given special attention to symptomatology, diagnosis, prognosis, and treatment. As regards therapeutics he has endeavored to avoid both skepticism and credulity. From his own experience he informs his readers what can and what cannot be done in the management of nervous diseases. He cites the methods which he prefers as tested in his own practice. He mentions those which others have advocated. The work is highly instructive and can be recommended with confidence.

Diseases of the Nose and Throat. By Charles Huntoon Knight, A.M., M.D., Professor of Laryngology in Cornell University Medical College, etc. 147 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1903.

Diseases, especially catarrhal, of the nose and throat are so common that none can practice medicine long before being consulted for their relief. While troublesome in their acute forms, they are liable to become chronic and the source of constant distress. Affections of the sinuses cause much suffering, and ethmoiditis may extend from the cells of the bone to the membranes of the brain. In the work before us Dr. Knight gives an excellent description of the diseases of the nose and throat. He draws the clinical pictures so accurately that diagnosis is almost a deduction, and by the assistance of instrumental methods of explorations is usually rendered a certainty. The sections upon treatment are the result of his own experience, fortified by a knowledge of the course pursued by other authorities and tempered by a sober and conservative judgment. There are many illustrations of the anatomy of the parts and of the instruments employed in examination or treatment. The author does not dwell largely on anatomy or physiology, justly believing that their details are sought in special text-books. In view of the many changes of opinion in this field of practice the author admits that there are many questions to which it is unsafe to give a final and positive answer.

Contributors to the Medical Brief whose Portraits have Appeared in 1903.

This tasteful pamphlet contains the portraits of the writers on one page and facing it upon the opposite page a facsimile of a column of the journal containing their respective articles. Among the list we find such names as W. Gill Wylie, Augustin H. Goelet, Waldo Briggs, Joseph Priestley, Robert T. Morris, S. C. Clevenger, Thomas H. Manley, and many others well known both in this country and abroad.

CURRENT MEDICAL LITERATURE.

◆

Aneurism of the Arch of the Aorta, with Rupture into the Superior Vena Cava. By Alfred Stengel, M.D., Philadelphia.

Sensations Interpreted as Live Animals in the Stomach. By Alfred Stengel, M.D., Philadelphia.

Surgery of the Heart. By Benjamin Merrill Ricketts, Ph.B., M.D., Cincinnati.

The Treatment of Chronic Diarrhea. By Charles D. Aaron, M.D., Detroit, Mich.

Ligatures and Sutures in Abdominal Surgery. By Hunter Robb, M.D., Cleveland, Ohio.

Illustrative Cases of Cerebrospinal Fever. By J. P. Crozer Griffith, M.D., Philadelphia.

Typhoid Fever in Children of Two and a Half Years and Under. By J. P. Crozer Griffith, M.D., and Maurice Ostheimer, A.B., M.D., Philadelphia.

COMMERCIAL NEWS.

◆

GLYCOGEN IN A CASE OF BLOOD POISONING.

By Louis de Plasse, M.D.

The case is my own, and will, I believe, be read with interest. In November last I was unfortunate enough to be thrown from my carriage in a runaway accident, which injured me quite seriously, breaking both bones of the left forearm, as well as causing a slight fracture of the styloid processes of the right arm, rendering me quite helpless, besides causing me a severe scalp wound. The lower part of the ulna was crushed and the space between the two bones has filled in and caused them to grow together, thus making impossible pronation or supination; so that the hand was only able to rotate half-way or point the thumb upward, and not outward. In spite of massage, which helped my arm considerably, it was necessary to break the bones again to remedy these conditions, and this I think was inadvisable, owing to the complicated fracture and the much bruised condition of the ulna. Two weeks after the injury, blood poisoning with symptoms of rigors, fever, with red streaks running from the hand and along the course of the lymphatics, appeared on the arm.

I was removed to my country home at Milford, Pa., and placed under the care of Dr. Robert Barckley, formerly of Jefferson Medical College, Philadelphia. By this time my condition was quite critical, and it was with some difficulty that he was able to arrest the progress of the infecting causes, by applications of mud poultices and internal treatment with mistura ferri et ammonii acetatis and strychnina sulphatis. However, my general condition was slightly improved, and in January I was put on the Glycogen treatment, with a view to eliminating the infecting organisms, for, as we now learn, Glycogen appears to have remarkable properties in their elimination, through stimulating the phagocytes of the blood. Glycogen was used, and when the temperature was reduced I continued with capsules three times a day. In a short time the skin resumed its normal condition, the appetite improved, and I was able to digest my food well, the functions of the intestinal tract acting perfectly, and I attribute this improvement of the pyæmic condition to the exhibition of Glycogen. There is no doubt that it acted as a heart-tonic, increasing metabolism and normal conditions during convalescence. The only stimulant used was wine of Phosphoglycerate of Lime (Chapoteaut), containing 10 grains of the salt to the fluidounce of Malaga wine, which helped my nervous symptoms remarkably.

We must remember that bacteria, once introduced into the system by the lymphatics, pass onward to the neighboring lymph-glands, where either they are destroyed by the bacteriolytic action of the cells or they break through the lymphatic barriers and invade the blood. In the blood itself they have to contend with the germicidal activity of the plasma, the action of the leucocytes, and the bacteriolytic properties of both the white and red corpuscles. In my case they seemed to have passed unscathed through these obstacles, and, owing to my impaired condition of vitality resulting from the shock, established themselves well at the seat of the lesions caused by the broken bones.

The happy effects of the Glycogen treatment explains the importance of the liver functions, for it is the great Glycogen-secreting organ, which counteracts toxins and stimulates phagocytosis. It has proved effective against the bacillus of anthrax, the streptococcus auriens, and the oïdium albicans. We all know that the bacteriolytic power of the lungs and kidneys is less than that of the liver, but they also play an important part in eliminating processes which are primarily accentuated and kept in active condition by the Glycogen present in the leucocytes. We can only explain

(Continued on Advertising Page 18)

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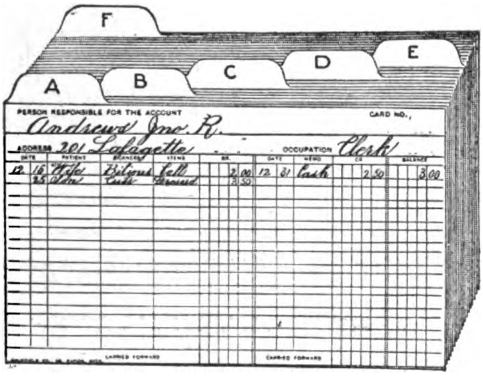

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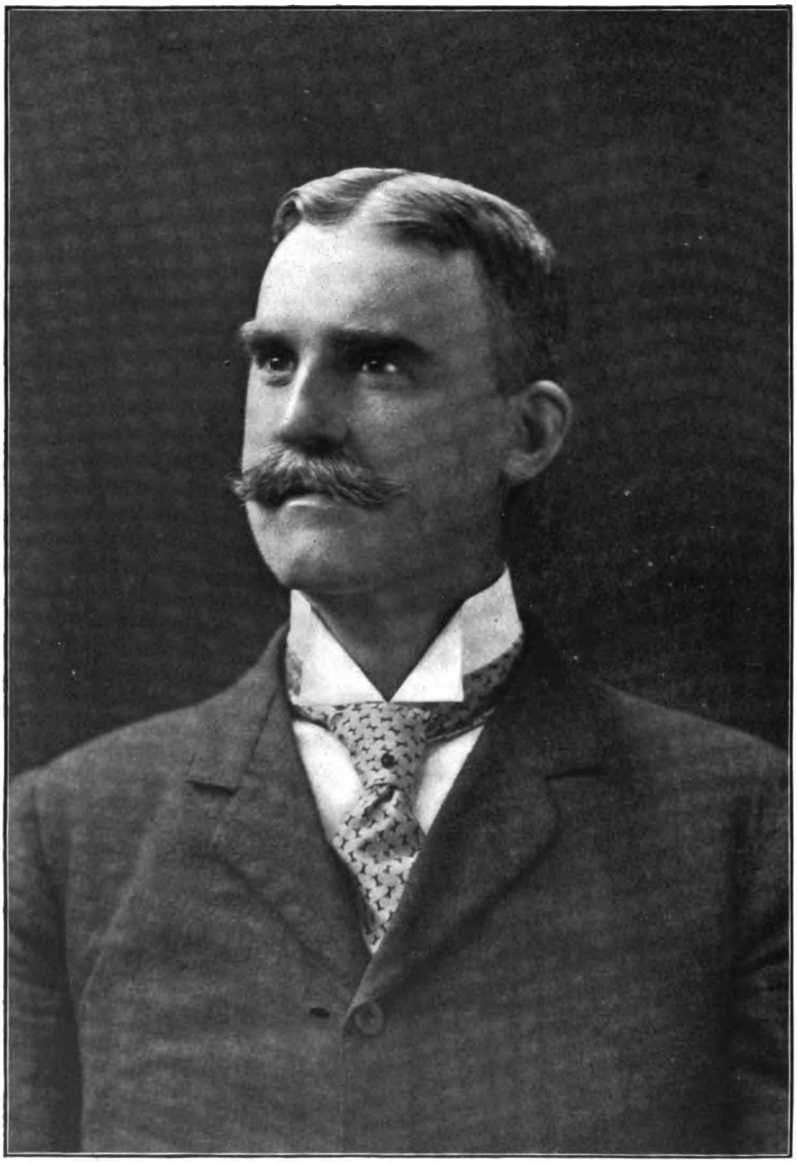

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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXVI. PHILADELPHIA, JUNE, 1904. No. 6.

Clinical Lectures.

GASTRIC CARCINOMA—ACUTE INTERCURRENT NEPHRITIS.

BY J. M. ANDERS, M.D., LL.D.,

Professor of Medicine and Clinical Medicine in the Medico-Chirurgical College, Physician to the Medico-Chirurgical Hospital, Consulting Physician to the Jewish Hospital, Consulting Physician to the Hospital for the Insane, Southeastern District of Pennsylvania, etc., Philadelphia.

GENTLEMEN: It would be impossible for me to advance a simple title for to-day's clinical lecture, inasmuch as I desire to bring to your notice interesting examples of two different affections.

CASE I.

A. T., male, aged 45 years, a farmer by occupation, comes from a far-distant town for an examination and therapeutic advice. Height, 5 feet 11 inches; normal weight, 210 pounds; present weight, 140 pounds (a loss of 70 pounds in about three months). The family history indicates heart disease in the mother, but otherwise is negative.

The patient experienced the usual diseases of childhood; then continued well until the age of 19 years, when he had typhoid fever. A few years since he was seized with a severe case of influenza.

The present illness began three months ago and developed rather acutely. Pain in the epigastric region about two hours after meals, acid eructations, flatulence, and constipation all put in an appearance almost simultaneously. Among the earlier symptoms anorexia was prominent, and in the course of a few weeks nausea and vomiting supervened. At first, emesis appeared at long intervals, but during the past month it has been of more frequent occurrence and the vomitus presents a coffee-ground appearance. The vomiting occurs from about three to four hours after food, and this is quite characteristic of pyloric stenosis due to carcinoma.

We have made a chemical analysis of the gastric contents and found no HCl, but, on the other hand, a considerable amount of lactic acid; threadlike bacilli were also present. I regret that there has not been an opportunity to make repeated chemical examinations of the gastric contents, since a single result, however characteristic, does not afford us sufficient ground for a positive inference.

The most striking features to the eye are marked emaciation, combined with a muddy pallor of the complexion; the malleolar region showed slight œdema. Since the localized symptoms center principally in the epigastric region, I next invite your careful attention to the physical signs presented by the stomach. Palpation and percussion alone elicit abnormal signs; the former reveals circumscribed resistance in the region of the pylorus and extending over an area whose greatest diameter measures about two and one-half inches. There is a mere suggestion of nodulation to palpation over the field of increased resistance. Over the same area percussion shows muffled tympany. A moderate degree of ectasy is also shown by palpation and percussion.

A blood-examination gave the following result: Red cells, 2,320,000; leucocytes, 14,000; hæmoglobin, 64 per cent. A few poikilocytes, microcytes, and normoblasts were also observed.

The *diagnosis* of gastric carcinoma can be readily made here from the gastric symptoms, physical signs, results of the chemical examination of the stomach-contents, and the presence of moderate leucocytosis, which is ofttimes a prominent characteristic, particularly during the later stages of the affection.

The diagnosis of carcinoma should include the stage of the affection and also the seat of the morbid growth, in particular whether at or near the cardia, or the more common situation—the pyloric orifice. In this instance the detection of a palpable mass in the normal situation of the pylorus is conclusive. But, on the other hand, physical examination yields, in many cases, a negative result. In such instances, the presence of certain groups of symptoms may render valuable help, but unfortunately not, as a rule, during the initial stage. In general terms it may be said that in carcinoma of the cardia the patient often experiences a sensation—to wit, as though a foreign body had lodged in the stomach; the pains are more intense than in pyloric involvement and are often lancinating in character and referred to the lower sternal region. It must be admitted, however, that carcinoma anywhere in the stomach may pursue a latent course and the first clear and convincing evidence of carcinoma of the cardia may be signs of stenosis. When this occurs, then diverticula form above the cardia and there is either vomiting or regurgitation of food or both. Vomiting comes on earlier after the ingestion of food, as a rule, than in the case before you. Neither is the characteristic coffee-ground vomitus observed in carcinoma of the cardia.

The early diagnosis of carcinoma of the stomach is always difficult and often quite impossible. An exact, well-defined picture of the incipient stage, the recognition of which is so desirable from the standpoint of treatment, is unknown. Above all, a diagnosis should never be made from any single feature, since no symptom is pathognomonic. Since it is conceded that operative interference at an early stage may prolong life, the urgent necessity for making a reasonably certain diagnosis at the earliest moment should naturally be the aim of the clinician. Hemmeter states that this early diagnosis of carcinoma of the stomach is possible in a certain number of cases from a histological examination of small fragments of gastric mucosa, if a direct invasion of gland-substance by epithelial cells is observed.

In highly suspicious cases exploratory laparotomy may be judiciously and safely advised, if improvement is not manifest after a few weeks of appropriate treatment. Let me urge you to examine most carefully and repeatedly all cases that present symptoms, however few, that lead you to suspect this grave and fatal malady. I have observed that, long before a tumor mass is detectable, the results of repeated examinations of the stomach contents, of the blood for that significant symptom leucocytosis, and the evidences of cachexia may all speak in no uncertain tones for gastric carcinoma. These points are often sufficient to arouse strong suspicions in cases in which a histological examination of tumor particles fails us.

Time forbids my entering upon a full discussion of the differential diagnosis of gastric carcinoma, but, taking up the isolated case in your presence, it is clear from what has been already said that it could scarcely be confused with other recognized diseases.

We have here a discernible tumor which is movable and influenced by respiration;

we have ectasy, emaciation of marked degree, cachexia, hæmatemesis, leucocytosis, an absence of HCl, and the presence of an abundance of lactic acid on chemical analysis of the gastric contents. If, however, any one of these symptoms were absent and especially if the stomach contents had shown the abundant presence of HCl and the absence of lactic acid, then at once the ground would have been shifted, for we might have been dealing with one of several conditions, such as incipient carcinoma, which had developed in the case of an ulcer, or with cicatricial stenosis of the pylorus due to an old ulcer which resulted in the formation of a palpable tumor with secondary ectasy and hæmatemesis.

In order to make an absolutely reliable diagnosis in this case, it will be necessary to make, in future, repeated chemical tests of the stomach contents and obtain results similar to those of the previous examinations. Bear in mind, if you please, that in stenosis from a tumor due to an ulcer HCl is present in abundance and lactic acid is absent; and when carcinoma develops in the base of an old ulcer large quantities of free HCl are also found.

The *prognosis* is bad, in case our diagnosis is not faulty.

With regard to *treatment*, it is clear that surgical measures alone offer promise of cure. Operative interference should not be undertaken, however, if metastasis has already occurred, nor in advanced cases. Surgeons are not justified in operating upon cases that have not been carefully studied by modern methods. The results from operative means are not especially favorable, and, as Riegel has well said, it devolves upon the internist to improve our record in this field.

The medical treatment of this case has for its chief object the betterment of the patient's nutrition by means of dietetic regulations. I have allowed the patient peptonized milk so as not to tax the digestive potency of the stomach. Proteids are not well born owing to the negative chemical power of the stomach. The chief articles of diet, therefore, are the starches and more digestible vegetables, as the legumins. These appear to agree with the patient and will be pushed to the limit of tolerance. To improve the appetite, which is practically *nil*, I shall order lavage of the stomach with a weak infusion of quassia once daily. Lavage is also indicated to control the vomiting. Fats should also be employed for their caloric value, but are, as a rule, badly born. Cocoa or chocolate, as a beverage, I have found to be the most successful method of accomplishing this end. I have never observed good results from the use of drugs *per os*, and I shall not prescribe any at present.

CASE II.

B. A., aged 54 years, laborer, was admitted into the male medical wards of the Medico-Chirurgical Hospital November 20, 1903. Height, 5 feet $9^1/_2$ inches; weight, 165 pounds. The family history is totally negative, except that one brother died of pulmonary tuberculosis—while patient was quite young. It should be further stated that his father died at the age of 60 years and mother at 60, both of unknown causes.

The patient had had the usual affections of childhood, but subsequently no illness until about two years ago, when he suffered from influenza; with this attack vague rheumatic pains were associated. About six months ago the patient observed that he was becoming dyspnœic on exertion, easily fatigued, and a little later noticed swelling about the ankles, penis, and scrotum. As the result of treatment for this condition these symptoms subsided and he went on well until the onset of the exacerbation that led him to apply to the hospital for treatment.

On admission it was learned that he had been guilty of a prolonged "drinking bout" coupled with undue exposure to the elements. He complained principally of dyspnœa, nausea, and vomiting.

A physical examination revealed genereralized œdema, most marked about the face and lower extremities. The serous sacs, however, contained no fluid. The heart was hypertrophic and dilated, the enlargement being bilateral. A murmur, systolic in rhythm, loudest at the seat of apex-beat, was heard; its area of transmission was toward the left, extending to the spinal column posteriorly; the pulmonary-artery sound was accentuated. The evidence of this and other physical signs referable to the heart rendered the diagnosis of mitral incompetency a certainty. The pulse-tension was quite high; in addition, the vessel-walls were found to be somewhat arteriosclerotic. There was also noted a feeble, venous, systolic pulse in the jugulars and a systolic murmur—soft, low toned, and blowing—over the lower ensiform: signs that reliably indicated the presence of secondary tricuspid incompetency.

A urinary analysis on the following day gave this result: amount, 15 ounces in 24 hours; specific gravity, 1.015; high color; considerable albumin; and numerous hyaline, granular, epithelial, and fewer blood-casts present. A blood-examination resulted in the discovery of a severe grade of secondary anæmia: red cells, 2,800,000; hæmoglobin, 72; leucocytes, 7000; some poikilocytes.

The course of the case during the past week has been toward improvement, both in the condition of the heart and the urinary organs. For example, the total daily quantity of urine has been raised from 15 to 30 ounces, the amount of albumin has lessened, and the casts are fewer, particularly the blood-casts. The œdema is less marked than it was one week ago.

From the clinical symptoms and course since admission into the hospital a reliable *diagnosis* of acute nephritis is justified. Cases of acute nephritis due to a debauch and exposure are encountered with extraordinary frequency in hospital practice. We also see frequently acute nephritic symptoms as a secondary condition dependent on the same causative factors. If time permitted, I should like to speak at length upon the relation between chronic nephritis and acute secondary nephritis. I feel justified in assuming that chronic parenchymatous nephritis operates as a predisposing cause of acute parenchymatous nephritis. It is also in line with my personal observations that the effect of intercurrent acute nephritis is to render the morbid changes and clinical symptoms of the chronic affection more pronounced.

In this instance, and as a rule, acute catarrh of the gastric glands is associated. Wilson Fox has reported 12 cases of disease of the kidneys, 9 of which were acute and 4 chronic. In all the acute cases there were also acute forms of dyspepsia and gastritis combined. In my view, in cases dependent on acute alcoholism and imprudent exposure the gastric symptoms and those of acute nephritis are often due to a common cause.

It is to be recollected, however, that, while overindulgence in spirituous liquors may induce acute gastritis, it is questionable whether the alcohol *per se* shares in the causation of the main condition or acute nephritis. A debauch is always attended with exposure to cold, wet, and vicissitudes of temperature, particularly at this season of the year, and the principal causative rôle is ascribable to the influence exerted by the external atmospheric conditions.

The *prognosis* as to complete recovery is bad, for the reason that the kidneys were probably the seat of pathological lesions, according to the clear history and arterial changes present prior to the onset of the recent exacerbation. Since the demonstration of the presence of any uræmic manifestations, nausea and vomiting apart, was impossible, and since also the functional activity of the kidneys has been already considerably raised, the probabilities are that the symptoms of acute nephritis will gradually disappear.

As to *treatment*, from the time of the patient's entrance into the hospital, an effort has been made to stimulate the action of the sweat-glands and of the bowels, with a view to relieving, in a vicarious fashion, the hyperæmic state of the kidneys. As the indirect effect of these means alone the kidney secretion improved. Mild and unstimulating diuretics, as sparteine sulphate and liquor ammonii acetatis, have been employed. In view of the dilated condition of the heart, cardiac stimulants were strongly indicated; hence digitalis in the form of the infusion (2 drachms every three hours) was prescribed. These remedies, having exerted a particularly favorable influence, will be continued. Naturally, you desire to know how to tell whether the given case that you may meet with will be suitable for this plan of treatment. **In all cases in which chronic nephritis is associated with chronic cardiac disease in the stage of broken compensation, you will be justified in adopting the treatment just outlined.**

No course of treatment for acute nephritis is complete without careful regulation and judicious restriction of the diet. Bland liquid foods only have been allowed and the patient has been encouraged to partake of water; also skimmed milk and buttermilk at intervals of two hours. I have a fixed belief that an appropriate dietary is of the highest importance.

The patient is now complaining of hunger; hence dry bread, zwieback, and light cereals will be cautiously added to the meager diet list as improvement proceeds.

JAUNDICE.[1]

By John V. Shoemaker, M.D., LL.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

Case I.

Gentlemen: This man, 58 years of age, suffered six years ago from epidemic influenza, popularly known as "the grippe." Since that time he has been subject to frequent colds every winter. Two months ago he experienced symptoms which he ascribed to the grippe. Very soon he began to be troubled by excessive itching, was restless at night, and his skin assumed that deep-yellow hue which you now see, and which is well marked on the scalp, which is bald. The man has lost from fifteen to twenty pounds in weight during the last two months. Upon his body he has many spots of dilated and tortuous blood-vessels—telangiectases, as they are technically called. The urine is of a specific gravity of 1.026, dark in color, alkaline in reaction, and turbid. A dark sediment is soon deposited. The patient's skin is almost the color of sulphur. The liver is very much enlarged and the gall-bladder can be distinctly palpated. His pulse is slow.

Case II.

Our second patient, a man 45 years of age, had rheumatism eighteen months ago in the hips and legs. Eight weeks ago he had an attack of diarrhœa. A week subsequent to the diarrhœa his conjunctivæ became yellow, and soon afterward the skin assumed the same shade. When admitted he had a temperature of 100, but it has now fallen to normal. He complained of intense itching upon the arms and neck. His stools were clay-colored. There has been no distension of the abdomen, but there is some tenderness over the gall-bladder. The specific gravity of the urine is 1.020. It is stained by an admixture of bile-pigment, but contains neither albumin nor sugar.

In addition to its yellow color the skin presents another feature—an interesting and demonstrative complication. There are patches of eczema upon his body. He has twice before—sixteen years ago and eleven years ago—been under my care on acount of the same conditions which exist to-day—inactivity of the liver, jaundice, and eczema. This is an excellent illustration of the influence which disturbance of the hepatic functions sometimes has upon the skin. You have often heard me discuss in this amphitheater the relationship between hepatic insufficiency and certain forms of skin disease. There is some enlargement of the liver, but not of the spleen.

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[1] **Delivered in the amphitheater of the Medico-Chirurgical Hospital.**

It needs but a look at the skin and conjunctivæ of these two men to tell us that they are afflicted with jaundice. That, however, is but a term descriptive of a sign. The word is derived from the French *jaune*, yellow. The condition is also known as icterus, which has the same significance. In popular parlance we often hear it tautologically called "yellow jaundice." Jaundice is an evidence of the presence in the blood of bile-pigment. Normally the pigment is eliminated in the bile, but in such cases as those before us it has been absorbed into the blood, owing to some obstruction to its exit into the bowel. Very commonly the obstacle to the passage of the bile is a catarrhal swelling of the mucous membrane of the ducts. This swelling, in its turn, is often due to a pre-existing gastro-intestinal catarrh. Gall-stones may impede the flow of bile and lead to its absorption. In rarer instances a lumbricoid worm finds its way into the duct of the gall-bladder and produces occlusion. Accumulated fæces or the pregnant womb may have the same effect. Tumors of the liver or neighboring organs may cause obstruction. Jaundice is often a concomitant of cancer of the liver.

In addition to obstructive jaundice there is another form distinguished as nonobstructive, which depends upon destruction of the red blood-corpuscles or the hepatic cells by certain poisons or infectious diseases. Thus, nitrobenzol, phosphorus, and other chemical substances; yellow fever, and acute yellow atrophy of the liver are accompanied by jaundice. It is not my intention to dwell upon the latter class of cases.

There is, in addition, a curious species of jaundice which appears suddenly as a result of violent emotion. This is generally attributed to spasm of the bile-ducts.

I regard both the cases we have with us to-day as examples of catarrhal jaundice. I shall, however, have the x-rays used in order to see if they can impart to us any information.

Both these patients speak of intense itching. This is a frequent symptom in jaundice. The bile-pigment acts as an irritant to terminal nerve-fibers. The presence of biliary matter in the blood depresses the circulation and respiration. The pulse falls below 60 or even below 40. In these men it ranges between 55 and 60. Depression of the spirits is often noted. In catarrhal jaundice we usually obtain also a history of digestive difficulties. Our second patient particularly mentions diarrhœa. The presence of biliary matter in the urine communicates a deep color to that fluid. I saw a case not long ago in which the urine was as dark as porter. The pigment is also eliminated in the perspiration. The bowels are generally constipated and the stools are clay-colored, due to the absence of bile. There is much flatulence and the dejections are very fœtid.

The second case is a good example of the acute variety of catarrhal jaundice accompanied by some fever, with swelling and tenderness of the liver.

An important feature of the *treatment* of jaundice relates to the diet. The patient should not be allowed to eat fatty or saccharine foods. In fact, the jaundiced individual generally manifests an abhorrence toward fat. A milk diet is the most suitable. The second man was on a strict milk diet for a time, and then he was allowed some additional fare, but the gastro-intestinal difficulty returned and he had to be put back upon the milk diet. The first patient was also upon the same regimen.

The medical treatment aims to reduce the gastro-intestinal catarrh, which is the original trouble in so many cases. It is necessary, furthermore, to relieve the constipation. We possess some drugs which accomplish this effect and stimulate the functional activity of the liver and reduce the swelling of the bile-ducts and duodenum, thus facilitating the outflow of the bile into the intestine. With this effect improvement begins.

It is a good practice to begin the treatment of such a case with calomel followed by a saline. The mercurial can be given either in one full dose or in small, fractional doses frequently repeated. It acts upon the mucous membrane of the bowel, excites peristalsis, and produces bilious stools. All the salines are effectual, but sodium phosphate possesses special advantages. In addition to a mild cathartic action it stimulates the functional power of the liver, has an influence upon the stomach, and removes mucus. It may often be serviceably given in such cases in moderate doses—from 20 to 60 grains—three times a day.

After the bowels have been started into free action an excellent remedy is the dilute nitrohydrochloric acid, which makes a decided and favorable impression upon the liver, regulates and improves its secretion, stimulates the appetite, increases the digestive ability, and is a valuable intestinal antiseptic.

Ammonium chloride is a serviceable agent. It possesses a number of useful qualities. It allays catarrhal inflammation of the stomach and bowels and therefore strikes at the root of a very frequent cause of jaundice. It furthermore increases the flow of bile and the action of the liver. Silver nitrate is likewise of advantage in allaying the underlying gastro-enteritis. This remedy also augments the flow of bile. It has been given in doses varying from $^1/_{12}$ to $^1/_4$ grain three times a day. It is preferably administered half an hour before meals. Irrigation of the small intestine—enteroclysis—is a useful procedure in catarrhal jaundice and gall-stones.

The first patient brought before you received calomel in doses of $^1/_{10}$ grain every half-hour until it began to act on the bowels. It was then superseded by phosphate of sodium in the manner which I have described. This, in turn, was replaced by dilute nitrohydrochloric acid, 10 minims three times a day. He was fed every two hours with peptonized milk, to which was added light forms of nutritious food as his digestive function gained in power. Under this treatment he has steadily improved. Although the color is still deep, yet it is considerably less marked than when he first entered the institution. He shall now have the following combination, which has an excellent effect in catarrhal jaundice:—

℞ Liquoris potassii arsenitis, *m*v.
Tincturæ nucis vomicæ, *m*x.
Acidi hydrochlorici, *m*x.

M. Sig.: For one dose. After meals.

The second case was treated upon the same principles. The calomel very evidently performed an excellent service. When its action had been fully expended it was withdrawn and dilute nitrohydrochloric acid was given. To-day I shall make a change and order for him another article which has a beneficial effect upon the liver and its functions. I refer to hydrastis, of which 10 minims of the fluid extract shall be given three times a day.

The prognosis is favorable in both these cases. The average duration of such cases is from three to five weeks. There is little tendency of the affection to become chronic. When jaundice persists for a long period it is generally due to the impaction of a stone in the common duct. Under such circumstances the jaundice endures until the stone is either extruded into the bowel or passes backward into the gall-bladder. The disappearance of biliary matter from the urine is an index of the cessation of the absorption of bile into the blood.

Dr. William B. Pritchard—Dr. William B. Pritchard has been appointed visiting neurologist to the New York City Hospital.

Original Communications.

RECENT ADVANCES IN OUR KNOWLEDGE OF IMMUNITY.[1]

By Joseph McFarland, M.D.,
Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia.

The recent advances in our knowledge of immunity, about which I am to address you for twenty minutes this evening, comprehend a series of investigations, the greater number of which have been stimulated by the pregnant suggestions of Metchnikoff and Ehrlich, and have opened up a most fascinating and fruitful field of active research in physiological chemistry. It might almost be said that the majority of workers in pathology, bacteriology, and physiological chemistry have neglected other subjects during the past five years to devote themselves to studies of the phenomena of immunity.

The nature of the body's defenses has been shown, as the result of these investigations, to be discouragingly complicated, and the voluminousness of the literature of the subject, as well as the new terminology that it contains, make it particularly apropos that frequent *résumés* be written for the benefit of those whose time being engrossed by other and more practical reading are unable to pursue the subject completely.

The phenomena of immunity, as we now describe those body-reactions which seem to have a direct protective tendency, include the following: 1. Natural immunity against poisons. 2. Natural immunity against organized bodies. 3. Acquired immunity against poisons. 4. Acquired immunity against organized bodies. 5. The production of antitoxin and other antibodies. 6. The production of hæmolysins and other cytotoxins. 7. The production of bacteriolysins. 8. The phenomena of agglutination. 9. The phenomena of specific precipitation.

It would be impossible, in the brief time allotted, to endeavor to give an account of each of these particular phenomena, but a description of the most interesting and suggestive theory of immunity will bring out a sufficient consideration of the greater number to enable one to understand their principal features and mode of occurrence.

It is well known that two great theories are offered for the explanation of immunity, the older, that of Metchnikoff, being known as "the theory of phagocytosis," the more recent, that of Ehrlich, as "the lateral-chain theory."

Metchnikoff's theory was based on the microscopical observations of infected water-fleas, or daphnia. When these minute organisms were infected by a fungus they sometimes died and sometimes recovered. In the cases that recovered it was observed that certain of the body-cells clustered about the invading parasites and seemed to destroy them, whereas in the cases that died the cells seemed unable so to do. Metchnikoff inferred that the successful antagonism of the parasites by the cells was the explanation of the recovery of the infected daphnia, and, finding that by some peculiar phenomena the body-cells of higher animals attacked and devoured parasitic organisms, he drew the justifiable inference that the success of the body in resisting invasion depended upon the successful warfare of its phagocytic army against the invading parasites. The theory is, therefore, one in which cells—active, living cells—are engaged in attacking, devouring, killing, digesting, and disposing of the body's enemies.

At the time this theory was promulgated it was not thought that the phenomena of immunity also embraced defenses against intoxication and means of destroying and annulling the effects of poisons, and when it was shown that such must be included, the theory of Metchnikoff was found wanting. Though the theory was, so to speak, based upon morphological appearances, its ultimate explanation had to be looked for in chemical conditions arising within cells, for it is evident that micro-organisms taken up by the cells can only be destroyed through some chemical substance—some digestive enzyme—which they contain; so that, after all, the theory was a chemical one, the chemical substance simply being regarded as a component part of the phagocytic cells.

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[1] Read before the Philadelphia County Medical Society, April 27, 1904.

The "Lateral Chain Theory" of Ehrlich, which had its inception in 1897, is a purely chemical hypothesis in which the cells of the body are not supposed to play any active part, but in which all of the phenomena of immunity are thought to depend upon substances in solution in the blood-plasma. It is true that Metchnikoff has endeavored to show that these active substances, whose presence is easily demonstrable, may be the products of cellular activity. Indeed, he is inclined to view them as nothing but cellular enzymes which, through the accidental destruction of the cells by which they were produced, have been set free in the blood-serum; but this explanation, satisfactory as it would undoubtedly be, cannot be proved, and the recent experiments of Macfadyen and Rowland would seem to indicate that the leucocytes, which constitute Metchnikoff's great phagocytic army, do not contain the active substances he supposes. We are therefore inclined to believe that the theory of Metchnikoff, fascinating as it is, is in error, and that the weight of evidence is in favor of some such view as is expressed in the lateral-chain theory. This theory, suggested by Ehrlich in 1897, was the outcome of a series of studies into the constitution of diphtheria toxin, and, to be strictly accurate, one should follow the development of the hypothesis from this point of view; but it has always seemed to me to be more comprehensible when viewed from the standpoint of cellular nutrition, and it is thus that I wish to endeavor briefly to explain it this evening.

The lateral-chain theory is based upon specific affinities existing between the cells and certain substances chemically adapted to their metabolic requirements. It is well known to every physiologist that certain cells have a peculiar selective tendency which leads them to absorb substances never touched by others. Examples of this are most easily detected in such toxic conditions as follow the administration of strychnine or occur in tetanus and diphtheria. Thus, in strychnine and tetanus intoxication the brunt of the intoxication seems to fall upon the motor cells of the nervous system, and in diphtheria intoxication upon the peripheral nerves, possibly because these particular elements are more susceptible to the action of the poison, but probably for the reason that they alone are adapted to absorb it.

Ehrlich accounts for this specific affinity by presuming that the cell-protoplasm is so constituted chemically as to provide a number of side chains or combining atomic groups by which the various nutrient combinations necessitated by the cellular metabolism may be provided for. These side chains or lateral chains of combining atoms he describes as "receptors." The corresponding molecular combinations adapted for combination with them he describes as "haptophores." Each cell is supposed to possess many and varied receptors which by appropriate combinations with their adapted haptophores maintain the cellular nutrition and provide the cells with such substances as they need in performing their respective functions.

Under normal conditions it may be presumed that all the haptophorous molecules present in the blood are normally adapted for combination with the receptors of certain cells. Many of these haptophores which ordinarily furnish nutritive elements must be adapted for combination with many, perhaps the great majority, of cells. Other haptophores convey to certain cells substances required in their peculiar metabolism. A few haptophores may be adapted to receptors possessed by cells of one kind only.

It is not conceivable that the parietal cells of the gastric glands by which the hydrochloric acid of the gastric juice is secreted shall possess identical receptors adapted to the same haptophores as the motor cells of the spinal cord whose function it is to discharge nervous impulses.

In inorganic chemistry isomerism is a well-known fact. In physiological chemistry it seems probable that different substances of very similar chemical combinations may possess very similar, though not identical, haptophores, and that, under morbid conditions there may appear in the body as the result of its own energies or as the result of the metabolism of parasites, abnormal or even foreign haptophores more or less isomerically identical with the normal haptophores and capable of the same combinations, but which combinations when brought about, instead of resulting in the normal nutrition of the cells, shall bring to them a nonutilizable or a harmful substance by which their normal activities may be inhibited or abnormal energies initiated, so that disease becomes inevitable. From this point of view the convulsions occasioned by tetanus toxin and strychnine are seen to depend upon the union of the receptors of the motor cells with abnormal, though perfectly adapted, haptophores possessing more or less isomerism with certain of the albuminous constituents of the blood through which these cells are normally nourished, but which act injuriously upon them by inhibiting their normal nutrition, and partially asphyxiating them or directly poisoning them.

So much for the matter of specific affinities, the study of which shows us that the poisonous character of any substance must depend upon the adaptation of its haptophorous molecules to the receptors of the cells, and that, in all cases in which the cells are without receptors possessing such adaptation, natural immunity must exist.

Ehrlich's study of the conditions of the diphtheria toxin led to the discovery that the active substances are not simple, but complex, and that there are present both haptophorous and toxophorous groups, and that the haptophorous molecules may attach themselves to the cells independently of toxophorous action, though the toxophores are unable to effect such combinations in the absence of the haptophores. Natural immunity may therefore depend upon the failure of enough toxophorous substance to be brought into contact with the cellular substance by the haptophorous combinations, as well as upon the complete absence of haptophorous unions. This probably explains the interesting cases in which immunity is relative; that is, a certain quantity of poisonous material fails to affect an animal at all, though a very large quantity produces a reaction, and may be fatal.

The cell receptors are essential to the maintenance of cellular nutrition, and should any of them form combinations with haptophores, morphologically or chemically adapted for combination with them, but unable to nourish them, the disadvantages under which the cell would find itself would probably result in the formation of new receptors, or, as Ehrlich expresses it, in the regeneration of receptors by which the nutrition of the cell could be maintained. The activity of regeneration would be in proportion to the number of useless combinations effected. This regeneration of receptors is believed by Ehrlich to explain all of the phenomena of acquired immunity.

It is known that, if an animal be injected with a quantity of poison insufficient to bring about its death, it acquires the ability to endure without injury a larger quantity of that poison, and, the more frequently it is thus obliged to endure it, the greater its power of endurance becomes, when in the case of certain poisons—diphtheria toxin, tetanus toxin, etc.—the animal may be inured to the effect of hundreds of times the original lethal dose. Such immunization can only be effected in animals possessing receptors and therefore a partial susceptibility to the intoxication. The endurance acquired is supposed to depend upon the increasing number of receptors by which the increasing number of haptophores can combine with the cell without completely inhibiting its functions. When no haptophorous molecules of an undesirable nature are present in the blood, the presence of these excessive receptors is disadvantageous, and the cell seems to eliminate them into the surrounding tissue-juices, from which they enter the blood, where they seem to circulate for a considerable length of time before meeting final destruction or elimination from the body. Such detached receptors possess identical combining affinities with those still intact upon the cell; so that the appearance of appropriately adapted haptophorous molecules in the blood causes immediate combinations with them.

The antibodies, of which the antitoxin may be taken as a typical example, seem to owe their potency to the number of receptors contained in the blood-serum, these receptors retaining their combining function in the blood of the animal in which they are produced, in the blood of any other animal into which they happen to be introduced, or *in vitro.*

In considering the phenomena of immunity against organized bodies of all kinds, phenomena which may be appropriately considered under the general heading "cytolysis," we meet with a more difficult and more complicated reaction than has been described. The phenomena, instead of resembling ordinary chemical nutritions, more nearly approach those of digestion, in which certain substances are active upon others for which they have specific affinities only in the presence of other intermediate substances. Thus, for example, pepsin transforms proteids only in the presence of hydrochloric acid, trypsin is activated by enterokinase, fibrinogen is transformed to fibrin only in the presence of calcium salts, and rennet acts upon caseinogen only under the same condition.

Intelligent understanding of these phenomena, which had long been observed by Buchner, Nuttall, and others, and which constituted the essence of Pfeiffer's phenomenon, etc., began with investigations into the disappearance of heterogeneous blood-corpuscles by Ehrlich and Morgenroth, who found that, when the blood of any animal is repeatedly injected into the body of another, the blood of the second animal becomes hæmolytic for the corpuscles of that particular kind of animal or particular animal with which it is injected, and that this reaction is accomplished through the presence of certain substances invariably present in the blood, and certain other substances appearing as the result of manipulation, and varying according to the degree of activity possessed by the blood of the manipulated animal.

Many subsequent investigations have shown that these two factors are invariable in all cases of cytolysis, that in all the actually digesting or dissolving substances, by which the organized body—whether yeasts, bacteria, parasites, or tissue elements—is dissolved are pre-existent in the blood and comparatively invariable in activity. These substances are variously described as alexins, cytases, complementary substances, and lysins. Whether they are specific in action, as thought by Ehrlich, is doubted by Bordet, and divergent views upon this matter are held by different investigators. The other substance, by which the actual solvent is activated and which varies in amount according to the activity of the serum of the manipulated animal, is called the immune body, the intermediate body, the amboceptor, the desmon, *fixateur,* and the *substance sensibilisatrice* by different writers. It is specific in each case. Thus, when an animal is repeatedly injected with red corpuscles, its serum develops a body that determines that solvent substances present in it, or in the bloods of other animals not manipulated, shall be exerted upon blood-corpuscles; not upon blood-corpuscles generally, but upon blood-corpuscles of that particular kind with which the animal was injected. Or, if the manipulated animal be injected with cultures of bacteria, the immune body or amboceptor developing in its blood will so activate the solvent substances of other bloods that they will destroy bacteria, not of every kind, but of the particular kind with which the manipulated animal was injected, and so the stimulation of any particular organized body introduced into an animal will cause the generation in its body of an amboceptor which activates the lysin to effect its solution only. The action then of the immune body or amboceptor is always specific. Without its presence the lysins, or complementary bodies, are inactive.

The fortunate result of the investigation of the phenomena of immunity has been the successful utilization of immune serums in therapeusis, and in those cases in which the substances interact directly (antitoxin) there is no comparison with the therapeutic successes achieved. The whole world now concedes the value of antitoxin in the treatment of diphtheria; the varying successes and failure of antivene in the treatment of snakebite depend upon conditions readily understood; and antitetanic serum will prevent tetanus, though the tetanus toxin becomes so firmly anchored to the nerve cells through its haptophorous adaptations that the serum is less reliable for treatment.

But in the application of immune substances of indirect action (amboceptors and complements) we are confronted with the misfortune that, though we can produce at will the amboceptor or sensitizing substance by which the destruction of organized bodies is brought about, the actual destruction of these bodies depends upon the lysin, which is invariable, and we are at the present time unfortunately unable to devise any practical means of increasing the most necessary and desirable lysins or complements upon which the activity of the serum must depend.

The specific agglutination and the specific precipitations doubtless depend upon conditions preliminary to or associated with the reactions already described; but their true significance is not understood and their practical bearing, from a therapeutic point of view, seems to be slight, so that we need at the present moment merely mention them as interesting phenomena.

WHOOPING-COUGH.

By T. G. Stephens, M.D., Ph.D.,

SIDNEY, IOWA.

The subject of these thoughts originated during an epidemic which visited this community in the winter of 1902 and 1903, and subsided during the following spring, in which a number of persons in the latter half of life were victims. Among them was myself, with seventy years calendared on my head, a practicing physician for forty-eight consecutive years. During this period I had seen between five hundred and one thousand cases of pertussis. As I had remained free from the disease during the allotted time of life I supposed that I had an inborn resistance or natural immunity to the disease until its vengeful arrow struck me.

Diseases that are common in childhood do not usually affect the aged. The attack was very severe. The first two stages were notably characteristic only of the malady. The third stage, or sequence, did not subside entirely for ten months, when I was seized with broncho-pneumonia, from which I made a good recovery, leaving all traces of the pertussis behind. It has been proven that an attack of small-pox will put an end to this disease. It would seem in my case that the pneumonia diverted the spasmodic cough, or sequence.

Whooping-cough has a number of synonyms, but we will only use the term pertussis, derived from *per*, much, and *tussis*, cough. It is maintained by some authors that pertussis is comparatively a new disease. Hippocrates in the sixth section of his aphorisms speaks of a cough, which, from a short description he gives of it, may be regarded as the affection which is known under the name pertussis; but the origin of pertussis may reach beyond the tradition of ancient peoples. Pertussis has two stages, each having different features; following these is a succession, or sequence.

Nursing babes show an exemption from infection, probably because of their limited environments. During this time, and afterward while very small, the peculiar cough and reflex action of the muscles of the glottis are sometimes absent. "The greatest danger is with those a month or two old, not because their foramen ovale is as yet unclosed and a commingling of blood from the two sides of the heart threatens to cause acute cyanosis, but because of the obstacles to which they frequently succumb."

Bacteriologists claim that a specific germ has been demonstrated. Afanasieff isolated and described a short bacillus found in the sputum of patients suffering with pertussis, and named the bacteria *tussis convulsivæ*. Others claim that it is of nervous origin. But the bacteriology of the disease is still unsettled, as well as its pathology. Anders says: "Even though it be admitted as most probable that some micro-organism is the cause of the malady, it is by no means clear how the symptoms are produced or where the principle of the affection arises."

The period of incubation is indefinite, some authors including the period of four to fourteen days, others ten to fourteen days; then we have occasional fever, redness of the conjunctivæ, excessive photophobia, the lower eyelids puffy and œdematous, great catarrh of the Schneiderian membrane, and intense hyperæsthesia of the air-passages. A sensation of tickling in the throat precedes each fit of the cough, which grows worse in intensity, returning twenty-four times or oftener every day and night, and every spell is a new source of irritation to the mucous membrane of the larynx. At the end of each paroxysmal cough the quantity of tenacious viscid, transparent mucus fills the mouth and fauces. This copious secretion is regarded as pathognomonic of pertussis in the second stage. Now we have the characteristic paroxysms of coughing, and the stridulous breathing is present. From some cause the cough often increases in frequency and severity during the night, although the temperature of the room is not changed; and the sufferer is in constant dread of the night coughing which is accompanied by a violent reflex action of the muscles of the larynx, and whooping is produced, which denotes that the rima glottidis is practically closed, causing acute cyanosis. Slight colds after an attack of pertussis are attended by spasmodic stricture of the glottis, and the susceptibility may last for months and sometimes years. The acute pain produced along the insertion of the abdominal muscles from excessive coughing is sometimes almost beyond endurance. I experienced this in my own case.

Pertussis is a much more serious affection than the laity supposes; and a physician is not generally consulted until some bad complication has developed. Dolan regards pertussis as third in rate among the fatal cases in England.

As to the *treatment* of pertussis, some eminent physicians claim that they have discovered specifics for the cure of the affection; but the majority of testimony is to the reverse. I have realized in my own practice that medication ameliorates and abridges. In managing a case of simple pertussis it is very necessary to keep it simple, prevent complications, to obviate severity, and to shorten the fits of coughing. Where the patient has reached his "teens," a few inhalations of chloroform, when the tickling commences in the throat just preceding the cough, generally prevents the paroxysm. It not only relaxes the glottic muscles, but obtunds the hyperæsthesia of the air-passages. It is unnecessary to give it to the surgical degree. For younger patients half an ounce of sterilized water to which twice as many drops of chloroform is added as the patient is years old, and used frequently with an atomizer, will, in the course of a week, shorten the attack.

For a few years I have been using in my cases of pertussis compound tincture of passiflora incarnata (Daniel's) with satisfactory results; the adult dose is from 30 to 40 drops in a little water every six hours from the time the diagnosis is formed until the spasmodic element is modified. Children receive it in fractional doses. If the hyperæsthesia is stubborn, a tablet containing $^1/_{12}$ grain of heroin may be given every five or six hours, or oftener if necessary, until it has its effect on the respiratory center. For children $^1/_{12}$ grain may be dissolved in 3 $^1/_2$ ounces of water and $^1/_2$ ounce of glycerine, and a teaspoonful, more or less, may be given *pro re nata.* The naso-pharynx should be well sprayed every day with hydrogen dioxide diluted to suit the age of the patient. Formaldehyde is quite useful, slowly evaporating from sheets saturated with it and hanging in rooms. Squibb says in the "Ephemeris" that formaldehyde is antiseptic, disinfectant, deodorizer, and germicide. As a reconstructive where the system is below par, 20 drops of a solution of nuclein may be placed on the tongue of adults morning and evening.

THE IMPORTANCE OF SUSTAINING THE VITAL RESISTING POWERS, WITH ILLUSTRATIVE CASES.

By Lafayette Bennett, M.D.,

CENTRAL CITY, KY.

An eminent teacher of medicine, in a lecture to his class of students, declared that the greatest difference between the therapeutic methods employed by our fore-fathers and ourselves consisted, most of all, in the fact that the intelligent physician of to-day fully comprehended the importance of conserving the strength of his patients—the maintenance of their resisting powers. The maintenance of these powers is the key to the situation, and failure to recognize its importance is responsible for the greatest number of unfavorable issues. This principle applies alike in all disease processes—acute or chronic.

Osler, in the chapter on treatment of tuberculosis in his work on practice, says that there are three indications for treatment, and the *first* is: "To place the patient in surroundings most favorable for the maintenance of a maximum degree of nutrition.'' This may be said to be a principle, applicable not only in the treatment of tuberculosis, but of all morbid processes. Phthisis is an affection in which the waste of tissue exceeds its nutrition—but only a moment's reflection is necessary to bring to the mind of the practitioner the fact that in other—and, in truth, all—diseases there is a greater or less degree of interference with normal metabolism. It is the attention to this point that renders one physician successful in a certain class of diseases. If, in the management of pneumonia, typhoid fever, or any disease where tissue-waste is marked, the maintenance of the resisting power is lost sight of, the outcome of the case will be unfavorable. There is no more successful way to combat disease germs than by keeping the patient well nourished. All competent observers have laid stress on the fact that "seed and the soil" are both necessary. This is true, and explains why well-nourished persons often escape being stricken with disease, and, on the other hand, why others are so susceptible. This principle is now applied to treatment, and is to go hand in hand with the administration of such drugs as have been found of service.

Bovinine contains all the nutritive elements. It is live, defibrinated blood, sterilized, and preserved by a cold process. I have found that by the regular administration of bovinine I could keep my patients nourished, the pulse volume would be kept good, and they would more quickly recover than when other means were used, to maintain the vital resisting power. Vital resistance is dependent upon nutrition, and if this is attended to we may expect the most favorable results possible.

I now depend upon the virtues of bovinine with the utmost confidence and give it regularly from the incipiency of attacks of all diseases which are in their nature serious or protracted—as pneumonia, typhoid fever, etc. Bovinine should be begun, as already stated, at the incipiency of disease processes, and continued until the patient has advanced so far that he can take food normally. Bovinine should be given at first in doses of a half-teaspoonful in half-cupful of milk, every three or four hours, and this quantity is to be constantly increased. I gradually increase it until the patient takes a tablespoonful every three or four hours.

A lady, aged 25, who was ill of grippe, sent for me. She had had an attack of otitis media several weeks before, and this had left her somewhat anæmic, and generally below par, physically. She had a temperature of 103° F. when I saw her and a pulse of 140. She also had bronchitis, which was attended with an agonizing cough. She had eaten nothing for several days and felt greatly debilitated, and she was also greatly discouraged. I put her on bovinine (in the dosage advocated above), gave her quinine and salol, together with a cough mixture. On this treatment my patient made steady improvement after the first day, and I was able to discharge her in a week. In view of the fact that this woman's physical condition was at low ebb, I think this result was one which emphasizes the importance of maintaining the resisting powers by the regular administration of bovinine.

In many cases like this it is common for patients to have anæmia for a protracted period, or if, as in this instance, the patient had bronchitis, it generally becomes chronic. All of us are familiar with such cases.

A child aged 18 months was taken ill with enterocolitis. The parents had given it chalk mixture and such other domestic remedies as are known to the laity. I saw it after the disease had been in existence for several days. The little patient had no appetite. It was a bottle-fed baby, but would take scarcely any milk. I put this patient on subnitrate of bismuth and had it given bovinine in doses of from 2 to 5 drops every two hours stirred in some milk. This acted happily in giving the patient strength, and he made a complete recovery in a short period of time. I place great reliance on bovinine in the treatment of the intestinal disorders of infants. It increases their resisting powers, and, of course, greatly shortens the duration of the disease.

A lady, aged 25, having pneumonia, attended with pleurisy, with high temperature range, sent for me. I had only lately advised this woman to wean her well-nourished baby, because she complained of nervousness and was apparently anæmic. I relied to the largest extent in treating this disease upon bovinine, which I gave regularly and continued throughout the illness. This patient, although many untoward factors were present, made a complete recovery in the average time. This result is logically the outcome of the regular administration of bovinine and the support which this agent gave to the resisting powers.

A man who had tertiary syphilis and who got no good results from iodide of potassium, was, on the general principle stated in this article, put on liberal dosage of bovinine. On this agent his general health improved, he could retain the specific drug, and got along well.

THE American Urological Association will meet at Atlantic City, June 8th and 9th.

Abstracts.

Meningeal Symptoms and Arachnoid Lymphocytosis in Typhoid Fever.

At a meeting of the Medical Society of the Hospitals MM. Achard and Paisseau reported the case of a young man who, in the beginning of a typhoid fever, presented meningeal symptoms consisting of stiffness of the neck, Kernig's sign, delirium, constipation, and vomiting. Lumbar puncture gave exit to a clear fluid which contained quite an abundance of lymphocytes and culture of which was negative. The meningeal symptoms were notably relieved in consequence of the puncture, soon disappeared, and the fever pursued its regular course.

It is to be noted that when a slight meningeal impression exists in acute infections the encephalo-rachidian fluid is usually free from microbes and contains only lymphocytes. It is well to know these facts in order to avoid the conclusion that we have to deal with tubercular meningitis in the presence of a lymphocytosis and meningeal symptoms with a bad general condition such as exists at the beginning of typhoid fever.

The meningeal complications of fevers present a series of dissimilar facts. By the side of a true meningitis there are forms clinically latent, the lesions of which are slight. Meningeal symptoms also occur without any appreciable anatomical alteration. This disaccord between clinical facts and pathological anatomy is, however, perhaps more apparent than real, for the meningeal symptoms are due to disturbances of the nervous matter beneath the meninges, and it is conceivable that they may exist without the serous membranes becoming inflamed. Furthermore, we must take into account the possibility of the presence of exclusive lesions of the cranial meninges, which are not disclosed by lumbar puncture. Finally, the facts observed by MM. Chauffard and Boidin in mumps justify us in the belief that when there is anatomical change without apparent symptoms a more delicate clinical analysis and the slowness of the pulse especially will furnish indications of the lesion.—La Tribune Médicale.

Fatal Chorea.

At a meeting of the Society of the Hospitals MM. E. Dupré and P. Camus related the history of a boy, 18 years of age, who entered on account of vague symptoms, apparently typhoid, with marked alteration of complexion, headache, occasional articular pain, slight fever, etc. Five days after admittance the fever had sensibly declined, the pain abated, and the general condition improved. The mental condition, however, was peculiar. There were indifference, inattention, contradictory answers, changing expression of features, with sometimes mumbling. Two days subsequently appeared the physical and functional signs of dry pericarditis, with accentuation of the psychical symptoms, and, beginning in the face, choreic spasms.

On the following days the choreic movements extended to the upper and lower limbs and the trunk. The spasms were frequent and, notwithstanding treatment, extremely violent. There were visual hallucinations, fever, cutaneous excoriations, mental and motor agitation, etc. The signs of dry pericarditis persisted. The boy died five days after the advent of the chorea, fifteen days after the apparent beginning of infectious symptoms. Two days prior to death lumbar puncture was made. There was some lymphocytosis.

At the necropsy was found an adhesive and hæmorrhagic pericarditis with thick false membranes; there were also slight mitral endocarditis and sigmoid aortitis. There was extreme congestion of the nervous centers without other perceptible lesion.

At another meeting of the same society M. E. Barié said that fatal cases of chorea are not extremely exceptional, and communicated the particulars of one which he had observed. The patient was a young woman of 19 years who came into his ward on account of an intense and generalized chorea without any complications. There was nothing to foretell its sudden termination. On the fourth day the patient was found dead in her bed. There was no autopsy. In default of any lesion it was thought that death was caused by nervous exhaustion.

Furthermore, it is not necessary for the chorea to be of extreme severity. In cases of moderate severity sudden death had been witnessed in the proportion of about 2.50 per cent. These cases are always disconcerting, for no lesion is found at the autopsy.

In comparing cases of chorea terminating in death it is seen that they differ among themselves and that they must be divided into two classes, of which one may be called simple, while the second is attended by complications. In the first group death is always difficult to explain, but it is doubtless often due to genuine nervous exhaustion as in the case reported. Perhaps it may also occur in consequence of asphyxia or syncope (Vicq).

The second class includes cases of complicated chorea in which the fatal issue is caused by the complications. These are very numerous, but affections of the circulatory apparatus occupy the first place (endopericarditis, etc.). Next to these and their ulterior consequences (asystole, cerebral embolism, pulmonary apoplexy, etc.) are nervous disorders: apoplexy, coma, and acute mania which are customary causes of death in complicated chorea. The lesions are sometimes slight and again are very manifest, but not pathognomonic (cerebro-meningeal congestion, œdema, hydrocephalus, foci of softening, meningospinal lesions, etc.).

Finally, death may result from secondary infections: erysipelas, lymphangitis, glandular abscesses, etc., developed in consequence of excoriations, or cutaneous wounds produced by the convulsive movements which constantly agitate the limbs of certain sufferers from chorea.

M. Comby said that he had had three fatal cases of chorea. In two the disease began suddenly without fever. The temperature, however, soon rose abruptly and death followed. In both cases there was a vegetating mitral endocarditis. The third patient presented during life a slight presystolic murmur and succumbed unexpectedly. At the autopsy there was found an old mitral stenosis with multiple infarcts. In short, every fatal case which he had witnessed had appeared to result from endocarditis.—La Tribune Médicale.

Symptoms of Suprarenal Insufficiency.

At a meeting of the Medical Society of the Hospitals M. Émile Sergent recalled the fact that, after having described with M. Léon Bernard the symptoms of acute suprarenal insufficiency, he had addressed himself to the clinical study of the subject in its different forms. In particular he had recently published the first case demonstrative of suprarenal disease of infectious origin with simple insufficiency without discoloration of the skin and of slow evolution.

He has furthermore described under the name of *the suprarenal white line* a feature which is, in some respects, the reverse of the meningeal line of Trousseau and of which the physiological mechanism is due, in all probability, to insufficiency of the toni-vascular function of the suprarenal gland.

The existence of the suprarenal white line, if it is confirmed by further observations (and it may be sought for among the victims of Addison's disease), would serve, to some extent, as a pathognomonic sign of suprarenal insufficiency.

The association of the suprarenal white line, diminished arterial tension, and asthenia, together with secondary symptoms (vomiting, pain, etc.), should constitute a genuine symptomatic triad of the highest interest for the diagnosis of a lesion destructive to the suprarenals which, in the absence of darkened skin, is often in danger of being overlooked.—La Tribune Médicale.

Grippal Labyrinthitis.

Disease of the labyrinth is a rare complication of grippe. M. Rosier, of Pau, reports the case of a patient attacked by grippal otitis which occasioned in twenty-four hours deafness due to involvement of the labyrinth and persisting twenty-four months after the first manifestations.

This infection of the labyrinth is very well explained by the intimate connections of the labyrinth and the middle ear. We may even ask why it is not more frequent.

In his patient the nerves of the cochlea and ampulla were totally destroyed and the author thinks that, in order to avoid such accidents, it would be well in grippal otitis to make a free paracentesis to permit the rapid escape of pus.—Revue Hebdomadaire de Laryngologie, etc.

Mitral Disease Following Influenza.

At a meeting of the Medical Society of the Hospitals MM. Cornil and E. Barié reported the case of a woman, previously of excellent health, and without morbid antecedent, who was attacked by a moderately severe influenza and soon after by a secondary infection involving the heart, kidney, liver, and spleen.

The infectious manifestations principally involved the heart. For twelve days the patient had been extremely debilitated and the subject of intense dyspnœa. The latter was due to congestion of both lungs consecutive to ulcero-vegetative endocarditis of the mitral valve.

In addition to the presence of vegetative and fungous nodosities there was also a partial rupture of the larger segment of the mitral. This floated into the cavity of the ventricle. There was also a valvular aneurism, perforated at its center, and situated upon the smaller segment of the valve. The latter is an exceptional occurrence, for valvular aneurisms, as Drasche has shown, generally occupy the larger segment. This valvular rupture and aneurismal dilatation were the consequences of particularly rapid, ulcerative action in the course of post-influenzal infectious endocarditis.

Infection was due to the staphylococcus. The kidneys were also particularly involved. Without being exceptional, acute post-influenzal nephritis is quite rare, occurring, according to Freeman, in 1 per cent. of the cases.—La Tribune Médicale.

The Syphilitic Origin of So-called Congenital Obliteration of the Nostrils.

Dr. Raoult, of Nancy, in an article with the above heading, says that the skin of the ala of the nose is united with that below the septum. There may be complete occlusion. In some instances a small opening communicates with the nasal fossa. The lesion may exist upon one or both sides. Sometimes the obliteration is complete upon one side and partial upon the other side. The adhesion may affect the external and anterior orifice of the nostril or it may extend to the internal opening. The lesions are erroneously called congenital, for if the parents are closely interrogated it will be found that the first symptoms of nasal difficulty only appeared some months after birth. Evidence of hereditary syphilis can generally be obtained.

The author cites a case of a child, 22 months old, whose nostrils were completely obstructed. Entrance to the nasal fossa was impossible. The child had breathed well until the age of 2 months. From that date it had been afflicted with chronic coryza. The signs of hereditary syphilis were clear. A brother had fissured lips with palmar and plantar syphilides. It was thought that the mother had secondary syphilis. The child's nose was deformed; the vault of the palate was high. The cranium was ill formed and the anterior fontanelle was not yet closed. Both nostrils were opened by the galvanocautery. Beyond the obstruction the right side was open, but upon the left there were very resistant adhesions. Iodoform tampons were inserted. Constant dilatation was required upon the left side.

The author refers to ten analogous cases. Whatever writers say, this lesion, even when double, does not cause death. The pathogenesis may be explained in the following manner: Syphilitic coryza, ulcerations, and fusion of the walls.—Revue Hebdomadaire de Laryngologie, etc.

Tuberculous Ulceration of the Pharyngeal Tonsil.

At a meeting of the Oto-laryngological Society of Munich Dr. Hecht exhibited a patient, 23 years of age, whom he had first seen a few days before, when he was consulted on account of a chronic suppuration of the left ear. This was of tuberculous nature and the left lung was profoundly involved. In the situation of the pharyngeal tonsil was a rather deep ulcer, of oval shape and with sharply cut edges, covered by a little mucus and pus. There was nothing else abnormal in the throat or nose. There was no pain in the throat.

The ulcer was considered as of tuberculous character on account of the pulmonary disease. Infection might have occurred by way of the lymphatics or by the sputum. The speaker intended to remove the lesion and examine it under the microscope. — Revue Hebdomadaire de Laryngologie, etc.

Otitis Media of Diphtheritic Origin.

At the seventy-fifth reunion of German Naturalists and Physicians, in the section of otology, M. Konietzko described the case of a girl, 18 years of age, who had suffered from buzzing of the ears for several days, when suddenly the right ear began to suppurate without the slightest pain. Upon examination some punctiform spots were found upon the tonsils, and the temperature was a little above the normal. The diagnosis was: purulent catarrh of the right ear, inflammatory otitis of the left, and follicular tonsillitis. Within some days the temperature rose, pain became violent, and the facial nerve was paralyzed, first upon the right and then upon the left side. Catheterism caused the escape of membrane through the perforation upon the right side; upon the left paracentesis was made; a precisely similar membrane issued from the lips of the incision. Bacteriological examination of the pus and membrane showed the presence of streptococci and staphylococci and also Loeffler's bacillus. The membrane consisted of interlaced fibrin inclosing red and white globules, fibrinous masses, granulation tissue, numerous streptococci, and staphylococci. Injection of serum caused gradual descent of the temperature and relieved the general condition. The membrane became detached little by little and the suppuration rapidly became profuse.

The *treatment* consisted in instillations of warm water, insufflations of air through the catheter, and lavage through the Eustachian tube. The paralysis was relieved by electricity. The punctiform exudate upon the tonsils was not examined, but was probably of diphtheritic nature. The otitis was due to secondary infection through the Eustachian tube. — Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Treatment of Constipation in Infants.

The Medical Summary says:—

"A very successful remedy for constipation in infants is podophyllin, in small doses; iridin may be combined with it with good effect. Make a tincture of the following:—

"℞ Podophyllin resin, gr. viij.
Iridin, gr. v.
Aromatic spirit of ammonia, ℥j.

"Sig.: Digest for several days and filter.

"One or two drops of this may be given at bedtime on a small piece of loaf sugar, or the dose may be combined in mixture along with syrup of orange. This is the dose for a child of 1 year and under."

Lecithin.

H. Brower has derived good results from the use of lecithin in neurasthenia in connection with or alternating with the glycerophosphates. He prescribes it in the form of the granular lecithin, giving 5 grains three times a day, or the glycerol of lecithin 1 drachm at a dose after meals. In rachitic cases it may be combined as follows:—

℞ Lecithin (dissolved in chloroform), gr. xxx.
Olei morrhuæ, ℥iv.

M. Sig.: One dessert-spoonful to a tablespoonful after each meal.

It has also been recommended in the form of an emulsion as follows:—

℞ Lecithin, gr. vi-xij.
Pulv. acaciæ, ℥ss.
Olei amygdalæ, gtt. xv.
Aquæ laurocerasi, q. s. ad ℥iv.

M. Sig.: One tablespoonful three times a day after each meal.—Journal of the American Medical Association.

Olive-oil in Chronic Dysentery and Allied Conditions.

H. H. Rutherford, writes that olive-oil has been recommended in gall-stone disease, and its value in this condition is probably due to its influence upon the associated catarrhal enteritis. In chronic dysentery there are varying degrees of inflammation and ulceration both of the large and small bowel. In sprue there is superadded extreme atrophy of the glands and of the muscular walls of the entire gastro-intestinal tract, with a denudation of the epithelium. Ten patients were selected because of the chronic and intractable nature of the disease. The majority had been undergoing the ordinary routine hospital treatment for upward of six months. During the first ten days no other change was made than to substitute the purest obtainable olive-oil for all other medicines, giving 30 cubic centimeters in a half-glassful of hot milk three times a day. At the end of five days the dose of oil was doubled, and later the quantity was increased as much as the individual case would bear, some of them taking as high as 90 cubic centimeters at a dose. The results in these patients were so favorable that the treatment has largely superseded other methods at the Presidio General Hospital.—Medicine.

Syphilis.

Dr. G. Frank Lydston, in the second edition of his work on genito-urinary diseases, gives, among others, the following formula for use in the tertiary stage:—

℞ Iodine resubl., gr. viij.
Potass. iodidi, ʒviij.
Syr. sarsap. co., ℥viij.

M. Sig.: ʒj dose.

As a local application to the chancre:—

℞ Ol. mirbani, *m*iv.
Balsami Peruviani, ʒiij.
Iodoformi, ʒij.
Vaselini, q. s. ad ℥j.—M.

A useful combination suggested by the same author is:—

℞ Bismuthi subnitratis, ʒiij.
Acidi salicylici, gr. ij.
Zinci oleatis, q. s. ad ℥j.—M.

The following formulas will be found quite effectual in syphilitic lesions of the throat and nose:—

℞ Iodoformi,
Camphoræ, of each, ʒiij.
Morphinæ, gr. ij.
Pulv. acaciæ, ʒij.
Ac. tannici, gr. x.
Bismuthi subnitratis, ʒiv.

M. Sig.: Use with powder-blower.

℞ Iodini puri, gr. xx.
Kalii iodidi, gr. lx.
Ac. carbolici, ʒss.
Olei eucalypti, ʒj.
Boroglyceridi, ʒiij.
Olei menthæ piperitæ, *m*x.
Glycerini tannat., q. s. ad ℥j.

M. Sig.: Apply with a probang or camel's-hair pencil.

℞ Hydrargyri bichloridi, gr. xx.
Tr. cantharidis,
Tr. capsici, of each, ℥ss.
Glycerini,
Ol. ricini, of each, ℥j.
Sp. colognensis, q. s. ad ℥viij.

M. Ft. lotio.
Sig.: Rub in scalp night and morning.

℞ Hydrargyri biniodidi, gr. v.
Ol. verbenæ, *m*ij.
Vaselini, ℥j.

M. Sig.: Rub well into the scalp at bedtime.

Citarin—a Remedy Against Gout.

Citarin is a white, fine, crystalline powder, easily soluble in water, the solution tasting somewhat like lemonade. It is made by the action of formaldehyde on sodium citrate. A. Leibholz has employed it in doses of 2 grammes (30 grains) in a number of cases of approaching gout. He gives it as soon as the first signs of the disease are manifest, giving four doses the first day and three doses daily for several days afterward. In every case the result was prompt, and in several it actually aborted the condition. Its advantages over colchicum are its nontoxicity, and therefore the possibility of taking large doses without unpleasant after-effects. Several times slight diarrhœa was noted after it. It may in some cases be combined with aspirin.—Medical Standard.

Agalactia.

To stimulate the flow of milk, the following is advised in Medical Record:—

℞ Strychninæ sulphatis,
Pilocarpinæ hydrochloratis, of each, gr. j.
Sacchari lactis, ʒiiss.

M. Ft. cap. no. lx.
Sig.: One every four hours.—Therapeutic Review.

Infusion of Birch-leaves as a Solvent of Renal Calculi.

Infusion of birch-leaves has been recommended by Winternitz as a bland diuretic. Jaenicke states that its diuretic action is unimportant, but that it is a good solvent of renal calculi. In one case an eminent surgeon had decided to operate, and the presence of calculi had been demonstrated by radiography. Before consenting to an operation the patient consulted the writer. About thirty-five ounces of urine were passed in the twenty-four hours. It was acid, turbid, yellowish white, and occasionally hæmorrhagic. A cupful of infusion of birch-leaves was ordered to be taken twice daily, and liquor ferri perchloridi was given to combat the hæmorrhage. A generous meat diet, with sometimes a small amount of wine, was substituted for one which consisted chiefly of milk. Six weeks later the general condition had improved, the attacks of colic were less severe and less frequent, and the strangury was scarcely noticeable. After another six weeks the general condition was excellent. No severe attack of colic had occurred for some time, and the urine was in all respects normal.—British Medical Journal.

Chronic Bronchitis.

In the treatment of the dry catarrhal form of chronic bronchitis T. A. Clayton recommends, for the relief of dyspnœa, difficult cough, and tenacious expectoration, a combination similar to the following:—

℞ Potass. iodidi,
Potass. bicarb., of each, ʒiss.
Ammon. chloridi, gr. xlv.
Ext. glycyrrhizæ fl., q. s. ad ℥ij.

M. Sig.: One teaspoonful four times a day in water.

For the morning cough, when the patient complains of much difficulty in raising the mucus, the following is useful:—

℞ Sodii bicarb., gr. xv.
Sodii chloridi, gr. v.
Spts. chloroformi, gtt. x.
Aquæ anisati, q. s. ad ℥ss.

M. Sig.: To be taken at one dose in warm water, on waking.

Tar is also a very efficient remedy, in the form of a pill, 2 grains every two or three hours, or combined as follows:—

℞ Syr. picis liquida, ℥ij.
Syr. pruni Virginianæ, ℥j.

M. Sig.: A dessert-spoonful to a tablespoonful every three or four hours.—Therapeutic Review.

Superheated Air in the Treatment of Freezing and Chilblains.

Statzer relates that surprising success has crowned his application of superheated air to the treatment of frozen tissues and of chilblains. He has thus treated 16 patients. In 6 only a day or two had elapsed since the freezing; in 6 about a week, and in the others two or three months. From two to four applications were generally necessary to a maximum of ten applications of the hot-air box. The sittings were an hour each daily or from one-half to three-fourths of an hour twice a day. The simplicity and ease of this method of treatment, its unvarying success, and the short interval before the signs of inflammation subsided and clean granulations took the place of the gangrenous ulcer far surpassed any results obtained with other methods. The discomforts of chilblains rapidly subside. The application of the hot-air box soon after a part has been frozen will restore conditions to normal and prevent the tardy lesions sometimes observed.—Journal of the American Medical Association.

Cystitis.

As an antiseptic and sedative given internally the following:—

℞ Ext. belladonnæ fl., *m*xx.
Sodii boratis, ʒij.
Acidi benzoici, gr. xx.
Tinct. opii camph., ℥iss.
Olei gaultheriæ, *m*xij.
Syrupi, ℥ij.
Aq. destil., q. s. ad ℥iv.

M. Sig.: One dessert-spoonful in water four times a day. When the urine is acid the following is of service as an antiseptic:—

℞ Pot. acetatis, ʒiv.
Solut. potassæ, ʒj.
Ext. uvæ ursi fl.,
Tinct. hyoscyami,
Tinct. lupulin, of each, ʒiv.
Aquæ, ℥ij.
Syr. zingiberis, q. s. ad ℥viij.

M. Sig.: One tablespoonful in water after meals and at bedtime.—Journal of the American Medical Association.

Fissures of the Nipple.

Le Progrès Médical quotes from Vinay:—

℞ Liquid vaselin, ℥ss.
Aristol, ʒj.

M. Apply after the child has nursed.

THE
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SUMMER FOOD.

Different seasons of the year and the varied climates of the globe require certain variations in our habits and modes of life if we desire to live in health and comfort. Those who dwell for a time in a country whose climate is very different from that to which they had been accustomed will do well to conform their habits, as far as possible, to the customs of the natives. At home the heat of summer should lead us to the observance of rules by which health will be best preserved. We discard our winter clothing, and throw open our houses. We cannot bear heavy garments; we seek the shade and the breeze. Too often, however, we neglect to regulate our diet in accordance with the change of season. As the sun supplies us with abundant warmth, we do wrong if we persist in the consumption of such articles of food as are active in producing animal heat, keeping up a strain, prejudicial to health, on the secretory and excretory functions. Many of us consume far more nitrogenous food than is required by the system. This excess is a direct detriment. Protracted heat diminishes the appetite, and this is Nature's clue. Animal food, containing a large proportion of nitrogen, should be sparingly used. We should partake of those viands which are most easily digested, for the functions of the alimentary tract and organs are not as vigorous as in the cooler part of the year. Fatty articles are likewise unsuitable for summer consumption. Inasmuch as fat is mingled with the nitrogenous principles of meat, an additional argument against the consumption of any considerable quantity of animal food is furnished by this combination. As a general rule, a mixed diet is of more service than one which is severely restricted to certain classes of food. During the heated term, however, the requirements of health and vigor are more advantageously served by a reliance principally upon vegetables and fruits, together with milk and some eggs. Many palatable and nutritious dishes can be prepared from these aliments. A bill of fare can be arranged sufficiently ample to avoid a monotony of diet, which is always objectionable. The farinaceous seeds furnish us with the material for many excellent culinary preparations. Flour enters into the composition of bread, biscuits, and puddings. Bread and milk alone will constitute a light and digestible repast which is relished by many individuals. Bread pudding is an appropriate dish for a summer meal. Toasted bread, rusk, muffins, and biscuits may be taken with milk. Rice is a good food for hot weather. Rice pudding is palatable and acceptable to most people. Rice is particularly of advantage in disordered conditions of the alimentary canal so often engendered by injudicious feeding in hot weather. Indian corn, or maize, cooked on the ear or boiled with milk, is a nutrious and palatable article. Young peas are tender and sweet and may be included in the list of summer foods. Boiled beans are less easily digested than many other vegetables, but while in season may be partaken of in moderation. The tubers and roots furnish us with many suitable summer foods. Young potatoes, if eaten freely, will often disorder the stomach and bowels. When mealy, however, they are easily digested. Baked or boiled without removing the skin, they constitute a valuable variation to a summer diet, although they are not rich enough in albumin to be a main dependence. Sweet potatoes, roasted or boiled, are to be placed in much the same category. Carrots, parsnips, and members of the cabbage tribe are less digestible than the other vegetables which have been enumerated, and, consequently, must be eaten with more caution and avoided by those of weak digestive powers. Most of the fruits of the season are delicate and appreciated constituents of our summer diet, although strawberries are objectionable to some, in whom they cause an outbreak of urticaria. The banana possesses more nutritive value than most fruits. Among farinaceous preparations tapioca and arrowroot form the basis of many light and palatable dishes.

The foregoing sketch provides a sufficiency of articles which may be prepared in various manners and eaten in various combinations. A judicious consultation between the physician and the housewife is capable of producing a succession of dishes which will satisfy the palate, maintain nutrition, avoid monotony, and tend to the prevention of disease.

We entertain a profound conviction of the importance of a knowledge of foodstuffs and their method of preparation. These views we have often expressed. The nutritive value, the comparative digestibility, the influence of aliments in producing or preventing disease are matters which we cannot too closely study. Some viands are more appropriate for winter, others for summer. In addition to such knowledge some practical skill in the culinary art is of great advantage to the physician. The best of food may be spoiled by bad cookery.

SUMMER DRINK.

WE are nourished by food and drink. The latter practically means water, for it is the water contained in other beverages, and also in the food, that is absorbed and becomes a constituent of the tissues. The principal points for discussion relative to summer drinks relate to cold drinks and alcoholic beverages. The human stomach is accustomed to do its work at a temperature of about 100° F. When that degree of heat is suddenly and greatly lowered by the introduction of iced drinks, and especially while the digestive process is going on, its function is bound to be embarrassed. In one of Dr. Beaumont's experiments on Alexis St. Martin he observed that the ingestion of one gill of water at 50° F. reduced its temperature more than 30 degrees and that more than half an hour elapsed before its natural heat was restored. This is a very practical and suggestive observation. Yet this is what the great bulk of our fellow-creatures are doing every summer and all summer. Is it surprising that they should be visited so often with attacks of acute indigestion, with pain and diarrhœa? Yet individuals continue to flood their stomachs with ice-cold fluids all day between meals and with meals. The constant imbibition of ice-water seems to perpetuate thirst rather than serve as a relief. Men, women, and children are constantly running to the ice-cooler. At meals they drink ice-water or iced tea or coffee. This is a pernicious habit. The digestive power is lessened. Severe diarrhœa and cholera morbus arise from this practice. Harm is done not only by the temperature and the quantity of the liquid consumed, but also by the rapidity with which it is often thrown into the stomach. That long-suffering organ is sorely tried and may be thoroughly upset. During the heated term its energies, at the best, are depressed, and we should endeavor to live physiologically, and not impose an excessive burden upon any of our organs. We depend so intimately upon the function of digestion that abuse is inevitably followed by suffering. Many people follow an injurious course in hot weather, and, although they have no right to do so, they nevertheless express wonder that their systems should become disordered. Young lads and misses tipple at the soda-water fountain with the same results. A quantity of other so-called "soft drinks" are sold across the counter. It would be infinitely better, more hygienic, and more beneficial to make use of hot water, milk, coffee, or tea, if these two last-named beverages be used at all, for these do not produce a sudden fluctuation of temperature in the stomach, and the perspiration which they promote cools the body in the normal way. Digestion is accomplished without interference, while comfort is promoted and health maintained.

Alcoholic drinks are doubly detrimental. To the evil of low temperature they add those of the alcohol. Men who habitually use liquor as a beverage patronize the saloons in summer in order to quench their thirst by drinks made with a liberal allowance of cracked ice. The German government, in recognition of this abuse, has ordered that no beer shall be sold at a temperature below a certain point—the equivalent of 50° F., if our recollection is correct. These "nips," repeated perhaps many times during the day, unfit men for the prosecution of their business and excite derangements of the alimentary system. In course of time the nervous system partakes of the disorder. Before the end of the season many men of convivial habits are compelled by ill health to suspend their business projects and seek relief in a change of habits and scene.

SUMMER REST.

A CHANGE of scene, climate, or mode of life is a recreation, a renovation. Life is mainly intended for work, but work cannot be carried on without periods of repose. A great part of our rest comes from sleep. An important part is due to social relaxation. Rest is peculiarly necessary in summer. The heat exhausts our bodily and mental energies.

So many are eagerly engaged in business all the other seasons of the year that the advent of summer finds them unprepared to oppose its influences. Vacation customs have improved much during the last generation. Formerly it was much less usual to take a summer outing. Men and their families remained in their city homes most, if not all, the year. At the present time almost anyone, of almost any occupation, can take a holiday for at least a day or two. On the other hand, our forefathers were not confronted by an age of so much stress and competition. Irrespective of that point, however, the summer is naturally a time for rest. Most commercial pursuits are comparatively at a standstill and an opportunity is given for a holiday.

Tastes differ as widely as individuals. Some like to cross the ocean and see foreign lands. Some like a spot upon the seashore with bathing, boating, and fishing. Some wish to visit a fashionable resort. Others prefer a less aspiring place where they can rough it in comfortable old clothes and do not feel obliged to be on dress parade. Another class loves to bury itself in the depths of some quiet country neighborhood and lie fallow for a season. Many will give their preference to a sojourn among the mountains. What would be recreation to some would to others be intolerably dull.

To a large extent it is proper to respect these natural differences of taste. All modes have their advantages and recommendations. Perhaps the least advantageous may be the fashionable resort, whether by the sea or among the hills. Nevertheless, even in such places there is constant opportunity for pleasant, informal expeditions and all have their uses. A quiet sea-trip on a slow steamer is certainly a most excellent method of spending a holiday. Those who cannot find time or money for crossing the ocean may find numerous shorter and less costly excursions along our own extensive coasts. To many systems there is a bracing influence upon salt water and from sea breezes which is equaled by no other agency. A hurried voyage to Europe on the swiftest liner afloat, a rush through the principal cities, a glimpse at celebrated museums would not seem to be consonant with the idea of rest, yet undoubtedly there are individuals who would enjoy such a mode of spending the summer and even derive benefit from the change.

Change in itself is a rest to many people. As a general rule, with recognized exceptions, we would recommend a real rest, a cessation from our usual round of tasks and thoughts. Wherever one goes for a summer vacation the chief point will be to throw off, as much as possible, the load of labor, care, responsibility, or anxiety which are so conspicuous in modern city life. Here is where so many err and fail to derive the benefit which should be obtained from their holiday. There is no use in a man's simply transferring the scene of his accustomed habits from a city street to the boardwalk and barrooms of a seaside resort. To many men a trip to the shore is more or less of a spree. They will laughingly tell their friends how much they drank, smoked, ate, and how long they stayed in the surf, or linger on the recollection of their "night-caps" and "eye-openers." This is not recreation.

The secret of health in summer lies in one word—temperance. As regards eating, drinking, work, or rest, moderation is the key to comfort. Avoidance of any kind of excess is the best manner of spending life at all times of the year, but more particularly in summer.

Consultation Department.

Tertiary Syphilis.

Dr. A. inquires concerning the case of a laboring man who was affected with a number of large and obstinate ulcers. There were also scattered scars in several places. A few large pustules were also present.

This is evidently syphilis in an advanced stage. I should give him:—

℞ Hydrarg. chlorid. corros., gr. ij.
Potass. iodid., ʒvj.
Syrup. zingiberis,
Aq. menth. pip., aa. ℥ij.

M. Sig.: Teaspoonful three times a day.

The dose of the corrosive chloride may be gradually increased to $^1/_{10}$ grain.

Palpitation of the Heart.

Dr. S. describes a case in which palpitation is the predominant symptom. The patient is a woman, 30 years of age. She is of a very nervous temperament. She is subject to violent attacks of palpitation and not infrequently faints. No organic disease could be detected.

This is a cardiac neurosis. I would inquire concerning this person's habits. Alcoholism is often a cause. Such cases are common among hysterical women. For the relief of the attack I would suggest:—

℞ Tinct. digitalis, *m*lxxx.
Spirit. ætheris co., ℥j.
Tinct. valerianæ ammoniat., ℥iij.

M. Sig.: Tablespoonful every second or third hour.

I should use alcohol with great circumspection. After the attack had subsided I should place the woman upon moderate doses of quinine, strychnine, and belladonna, accompanied by iron if the woman is anæmic, about which nothing is said.

Hypertrophy of the Heart.

Dr. M. asks what shall be done for a young man, 21 years of age, who has had a pain over the heart for two or three weeks. It is not constantly present, but occurs every day, sometimes lasting only a moment or two, sometimes as long as half an hour. There has been no palpitation or dyspnœa. He has never had inflammatory rheumatism. His general health is excellent. He smokes moderately, but does not drink. The heart's action is rapid, irregular, and very strong. The first sound is ringing and accentuated. There are no adventitious sounds. The apex-beat is a little to the left of its normal position.

Judging from the situation of the apex-beat, I infer that there is a slight amount of hypertrophy. The pain is of a neuralgic character. The condition is probably due to tobacco. What is moderation in one man is excess in another. I should order the tobacco stopped. I should prescribe the following:—

℞ Extract. aconiti, gr. vj.
Extract. belladonnæ fol. alcoholic., gr. j.
Quininæ sulphatis, gr. xxiv.

M. et ft. in pil. no. xij.
Sig.: One pill three times a day.

This combination will allay the pain and regulate the action of the heart.

Intercostal Neuralgia.

Dr. O. writes of the case of a woman, 45 years of age, who had suffered from coryza from exposure to a draught and as that passed off it was followed by a constant and sharp pain, felt principally over the heart. She is thin and anæmic, has not a very good appetite, and has had facial neuralgia. There is said to be no heart trouble or evidence of any other organic disease.

The case is no doubt one of intercostal neuralgia. It is not unusual, especially in women of this type, for the pain to localize itself in the precordial region. I should order for this woman:—

℞ Quininæ sulphatis, gr. ij.
Morphinæ sulphatis, gr. $^{1}/_{20}$.
Strychninæ sulphatis, gr. $^{1}/_{30}$.
Acidi arsenosi, gr. $^{1}/_{16}$.
Extract. belladonnæ, gr. $^{1}/_{12}$.
Massæ ferri carbonatis, gr. ij.

M. et ft. pil. no j. Mitte tales no. xl.
Sig.: One pill three times a day.

When the pills have all been taken I should dispense with the morphine in the formula, and perhaps the belladonna. With this difference the prescription may be renewed if required.

Chronic Gastro-enteritis.

A strongly built man, 30 years of age, has for some weeks, says Dr. F., been greatly troubled by loss of appetite, sensation of weight at the pit of the stomach, nausea, frequent vomiting, and flatulence. He has lost flesh and strength. Sometimes there is pain in the lower abdominal region, but it is expressly stated that there has never been chill or fever, and that the most careful examination upon several occasions had failed to elicit signs of appendicitis. The possibility of that disease should always be suspected in cases of persistent or recurring abdominal pain. In this instance, however, it seems that appendicitis can be eliminated. The case is one of chronic gastro-intestinal catarrh of a severe form.

I should give the man the following mixture:—

Acidi nitrohydrochlorici dilut., ʒiij.
Tinct. capsici, *m*xxxij.

M. Sig.: Teaspoonful after each meal.

I should also place him for a time upon a diet restricted to milk and lime-water.

Asthma.

Dr. W. has a patient, a man, 35 years of age, who has suffered for two years with asthma. Lately a paroxysm occurs almost every night. His appetite is poor and after eating he is always conscious of a "heavy load" upon his stomach. The bowels are generally constipated. He has lost flesh and strength. A paroxysm leaves him feeling very tremulous and exhausted. Sometimes he will break out in a cold, clammy sweat. An attack lasts from half an hour to two hours and a half. It is said that in the absence of wheezing no râles are heard and that there is no vesicular emphysema.

This is a good, concise account of a typical case of asthma. The disease has been probably excited by the condition of the alimentary canal. Upon this supposition I should order:—

℞ Potassii iodidi, ℥iss.
Syrup. ipecacuanhæ, ʒx.
Tinct. lobeliæ, ʒvj.
Syrup. sarsaparillæ co., q. s. ad ℥viij.

M. Sig.: Teaspoonful three times a day.

For the attacks I should order:—

℞ Antimonii et potassii tartratis, gr. xij.
Pulveris ipecacuanhæ, ℥ss.

M. et ft. in chart. no. xij.

Sig.: One powder to be taken at the first sign of an attack.

Patients usually have premonitions of an attack, and even the wife can sometimes foretell their occurrence by the wheezing before there is much difficulty in breathing. In such a case the paroxysms are aborted or shortened by emesis.

I should also let the patient have some capsules containing $^1/_4$ minim each of amyl nitrite, to be taken when a paroxysm is impending if the vomiting did not produce marked relief.

Medical News and Miscellany.

Banquet to Dr. Shoemaker.—Shortly before the close of the term his colleagues of the major faculty of the Medico-Chirurgical College tendered a banquet to Dr. John V. Shoemaker upon the occasion of the thirtieth anniversary of his entrance into the medical profession. Speeches in response to toasts were eloquent tributes of esteem from those who had worked side by side with the guest of the evening. They touched upon the principal phases of his character and career. In response Dr. Shoemaker testified to the ability of those who constituted the faculty of the institution and referred to the excellent professional and literary work which they had performed. During the evening Dr. Shoemaker was presented with a loving-cup by Dr. Judson Daland. He was also presented by the faculty with a beautiful silver shield, mounted upon black oak, with the college colors enameled upon its face, and inscribed with the names of all those who took part in the affair.

Graduation of Nurses at the Medico-Chirurgical Hospital.—On an evening just prior to the annual commencement of the college a class of eighteen nurses was graduated from the Medico-Chirurgical Hospital with appropriate exercises and amid a gratified audience of friends. The diplomas were conferred by Dr. Judson Daland, and the graduates were: Miss Elizabeth McLaughlin, Miss Edith V. Kiester, Miss Josephine Beatrice Bowman, Miss Helen M. Madden, Miss Anna M. Wilford, Miss Anna M. Harvey, Miss Birdie P. Gross, Miss Matilda Taylor, Miss Anna Kutzer, Miss Ida M. Swartz, Miss Edna Miles Stetson, Miss Mary A. Doerr, Miss S. Stella Irwin, Miss Emma L. Smith, Miss Josephine Peters, Miss Winifred Lee Evans, Miss Capitola Snell, and Miss Nellie M. Lynch.

Annual Commencement of the Medico-Chirurgical College.—The commencement was held on May 28th, and was an interesting event, especially to the men upon whom the degrees were conferred and also to their friends, relatives, and teachers. The doctorate oration was delivered by Joseph Swain, LL.D., president of Swarthmore College, and abounded in good advice and excellent suggestions. The list of graduates is as follows:—

Graduates in Medicine.—James Conner Attix, M.S., D.D.S.; Sydney Elon Bateman, A.M., Pennsylvania. David Fuller Bentley, Ph.G., New Jersey. John

Richard Biggins; J. Morton Boice, A.B.; Walter Garfield Bowers; Ralph E. Buckley; Oren Chesney Campbell; Thomas Nicholson Craig; Lester W. Cunningham, Pennsylvania. William Higgs Cunningham, New Jersey. Percy Edward Deckard; Thomas S. Dedrick, M.D., Pennsylvania. Peter P. Denton, New Jersey. Benjamin Franklin Devitt, Canada. David T. Ditchburn; Ernest Michael Dorsett, Pennsylvania. E. Campbell Douglass, New York. Harry Albertis Duncan, A.B., Ohio. H. Hershey Farnsler, A.B.; Charles Kline Ferer, A.B.; Albert Ferdinand Garton, Pennsylvania. William Beydon Gibson, Canada. Robert Emory Grove; Kenneth Sylvan Guthrie, Ph.D., Pennsylvania. Clarence Henry Hall, Iowa. James St. Elmo Hammers; Henry Heydt Herb; James C. Higgins; George Price Hill; William Huber Hoffa, Pennsylvania. Ernest Rutherford Hoffmann, California. Mark B. Holzman; Nathan Harris Hornstine; John B. Houston; Robert John Hunter, Pennsylvania. Walter S. Hunter, Delaware. Harry E. Klase, Pennsylvania. Henry Cuthbert Lawton, Nova Scotia. Harry Fritz Leibert; Henry Nathan Litchfield; Raymond B. Loughead; Robert Spear Lowry; Francis Alphonso Mantz; Newton Rodgers McLean, Pennsylvania. Benjamin Eugene Merrill, M.D., Connecticut. Oliver Francis Mershon; William Cody Minnick, Pennsylvania. Charles L. Norford, Maryland. George T. O'Donnell, Canada. Joseph R. Osman, M. D.; Charles Thomas Palmer; Julius Propper; Joseph Marshall Reed, Pennsylvania. Daniel Schaeffer Regar, Ph.G., New York. Henry Stanley Riddle, New Jersey. John Franklin Rowles, Pennsylvania. E. William Ryon, Jr., Delaware. Charles La Motte Santee; Henry Maris Shearer; Charles Walton Sheldon, Pennsylvania. James Robert Smith, Connecticut. Newton Henry Stein, Pennsylvania. Arnold Stovall, Georgia. Charles Martin Strotz; Robertson Teitsworth; Frank Warren Wilson; John James Garfield Wilson; Robert Lewis Wilson; George Joseph Youell, Pennsylvania.

Special Graduates.—Prof. John Clement Heisler, Dr. W. Hersey Thomas, and Dr. William Egbert Robinson.

GRADUATES IN DENTISTRY.—Arthur Adams; Joseph B. Arrowsmith, New York. Garnet C. Cowan, Canada. David T. Davies, New Jersey. Samuel Freeman, New York. George Howard Grim; David E. Hahn; John H. Hart; Frank J. Hawley; William Henderson; Ben Ira Herr; William Hoppman; Kenneth Gray Lenhart, Pennsylvania. Arthur T. Mackay, Canada. Joseph A. Moran; John A. Orwig; Russell Rudolph; Ira H. Spangler; Frederick Lewis Wallace; Isaac H. Whyte, Pennsylvania. R. McIver Wilbur, North Carolina.

GRADUATES IN PHARMACY.—Harry Garfield Adams; John Howard Adams; Merle Eugene Arnold; I. Allen Conrad; Arthur William Crawford; George Washington Deitz, Pennsylvania. Samuel Riley Ewing, Delaware. Chester W. Fugate, Pennsylvania. Samuel Gamble, England. John Clarke Gamble; B. Forrest Ginder; Harry Milton Gingrich, Pennsylvania. Harry John Gwinner, Georgia. Calvin L. Hughes; Robert J. Hunt; Edward Thomas Johnson; Harrison Alvin Keiser, Pennsylvania. E. H. Kloman, Virginia. Charles Spears Lebo; William Rogers Levering; William Edward Lucas; Francis O'Kane, Pennsylvania. Elmer T. Pinker, New Jersey. Elmer D. Quickel; Karl P. Reifsnyder; Martin William Rodawig; Daniel J. Rothermel; William Scalella; Robert Whitely Scheying; Merritt B. Shultz, M.D., Pennsylvania. Leopold L. Smith, Russia. William Pearce Smith; James Henry Stanton; Thomas Joseph Thoumsin; S. Wilmer Tunnell, Pennsylvania. Washington Clarence W. Zepp, New Jersey.

Receiving the Degree of Doctor of Pharmacy (Phar. D.).—John Tyler Ensminger, Jr., Ph.G.; Henry Fisher, Ph.G., M.D.; and Harvey H. Mentzer, Ph.G., Pennsylvania.

Cerebral Localization.—An instructive lecture upon the above topic was delivered on May 5th at the University of Pennsylvania by Prof. Charles S. Sherrington, M.D., LL.D., F.R.S., of the University of Liverpool, England.

American Medical Editors' Association.—The annual meeting of this association will be held in the parlors of the Hotel Dennis, Atlantic City, N. J., at 2 P.M. June 6th. A most interesting program has been prepared and many instructive papers upon medical journalism and allied subjects will be presented. All editors are most cordially invited to attend.

When Sir Conan Doyle Was Doctoring.—An American lady asked Conan Doyle one day why he had given up the practice of medicine.

"Because the work was too hard," Doyle answered. "And to prove it," said the novelist, "I'll tell you about my first case.

"My first case came to me in the middle of the night. It was January, and a cold rain was falling. The jangle of the door bell awoke me from a sound sleep, and, shivering and yawning, I put my head out of the window and asked: 'Who's there?'

"'Doctor,' said a voice, 'can you come to Peter Smith's house at once?'

"'What's the trouble?' I asked.

"'Smith's youngest girl has took a dose of laudanum in mistake for paregoric, and we're afraid she'll die.'

"'All right, I'll come,' said I.

"I tramped three miles through the cold and rain to Smith's. Twice on my way I fell on the icy pavement, and once my hat blew off, and in the darkness I was nearly half an hour finding it.

"Finally, though, I reached Smith's. But the house was dark—shutters all closed—not a light. I rang the bell. No answer.

"But at last a head stuck itself gingerly out of a third-story window.

"'Be you Dr. Doyle?' it asked.

"'Yes,' said I. 'Let me in.'

"'Oh, no need to come in, doctor,' said the head. 'The child's all right now. Sleeping very quiet.'

"'But how much laudanum did you give it?' I asked.

"'Only two drops, doctor—not enough to hurt a cat. I guess I'd better take my head in now. The night air is cold. Good night. Sorry to have troubled you.'

"I buttoned my coat and turned homeward, trying as best I could to stifle my mortification and anger. But suddenly the window was raised again, and the same voice cried:

"'Doctor! I say, doctor!'

"I hurried back. I thought the child had suddenly taken a turn for the worse. 'Well, what do you want?' I asked.

"The voice made answer: 'Ye won't charge nothin' for this visit, will ye?'"

Removal.—Dr. S. Louise Weintraub announces the removal of her office and residence to 400 South Ninth Street, Philadelphia.

Unusual Course and Sudden Death in Typhoid.—Curschmann describes a number of atypical cases of typhoid, among them that of a physician who had no temperature in the morning, but after the strain of his office hours had a chill and rise of temperature, which he diagnosed malaria until a severe exacerbation with diarrhœa, roseola, and enlargement of spleen cleared up the diagnosis. In another case a woman had been ordered to go to a watering place on a diagnosis of severe chlorosis, but applied to him first and he discovered an ambulant typhoid, as also in another similar case diagnosed as cardial neurasthenia. He confirms the experience of others that serious complications are more liable in the ambulant cases, and the sudden deaths in the first two or three days of typhoid are usually in cases that have had a long previous ambulant, unrecognized course. Fatal hæmorrhage and perforation may occur in the mild and very mild cases as well as in the more severe forms. In one case the perforation occurring in an unrecognized ambulant typhoid was diagnosed as volvulus, in another as arsenic poisoning. Suddenly developing peritonitis should always suggest the possibility of an unrecognized ambulant typhoid. The fatal lesions may be found in the appendiceal region. In one case, diagnosed as influenza, death occurred suddenly in suffocation, and the necropsy disclosed typhoid lesions in the intestines and an embolus in the left pulmonary artery. In another case the necropsy revealed the lesions of a three to four weeks' ambulant typhoid associated with a three months' abortion, suppurating metrophlebitis, and fulminating sepsis. He has witnessed an ambulant typhoid terminate in a fulminating exacerbation, and has observed 6 cases of hæmorrhagic typhoid, 3 of them in children and the others in hard drinkers. In 1 the typhoid commenced hyperpyretic and became hæmorrhagic toward the end.—Journal of the American Medical Association.

Jefferson Medical College.—The annual commencement of the Jefferson Medical College was held on May 27th, the address being delivered by George F. Baer, LL.D., President of the Board of Trustees of Franklin and Marshall College.

Postmortem Delivery in Hospital and in Private.—A note on a case of postmortem Cæsarean section was recently read by Blau before the Vienna Obstetrical Society. The patient was an undersized, strumous girl, 20 years of age, a victim to old disease of the left hip; the thigh was flexed, abducted, and rigid, and there were numerous scars on the buttock and also cicatrices on the neck. Valvular disease was advanced and hydrothorax present. The pregnancy, her first, ended about term by feeble pains, followed by dyspnœa, cyanosis, spasms of the facial muscles, and death. Within two minutes the child was delivered by Cæsarean section. It was asphyxiated, but recalled to life by appropriate measures. It measured 18 $^4/_5$ inches and weighed 6 $^3/_4$ pounds. The necropsy on the mother showed even more advanced visceral disease than was suspected during life. The child was saved and no obstetrician will deny that the infant should always be rescued if possible; but Blau operated in a hospital. There are great obstacles in the way of success in private cases of any kind. The disadvantage of Cæsarean section in practice is evident: the mother is dead, the infant has no voice or feelings, but the relatives have both and must be taken into account.

Dr. Walter Cockle's paper on a case of eclampsia with postmortem delivery by forceps, read in Dublin last spring, dwells on this question. In this instance the patient's heart failed suddenly as Dr. Cockle was preparing to apply the forceps. He made use of that instrument on the dead patient and delivered a well-nourished child, which had all the appearance of recent vitality with asphyxiation. Artificial respiration was persisted in for a considerable time, but in vain. It is fair to bear in mind that the complication which killed the mother would have endangered the child even if delivered spontaneously. Dr. Cockle observed that, to the physician who has decided upon trying to save the life of the child after the mother's death, the method of Cæsarean section is always open, while forceps delivery is only possible under certain circumstances. Yet with the os fully dilated and the head well down in a normal pelvis the forceps can be used with great advantage and speed. It is, in Dr. Cockle's opinion, as rapid and sure as Cæsarean section and is much cleaner, being practically bloodless. It leaves behind no disfigurement of the mother, and is on that account less repugnant to the minds of the relatives. If the infant be found dead already when extracted by an incision into the parietes and uterus, the operation might appear to the mother's friends in the light of an experiment. This last point, Dr. Cockle urged, is of no small importance, as the relatives are often the determining factor as to whether the doctor may interfere at all. Last, Dr. Cockle observed that in private practice the obstetrician is more often armed with the forceps than with a scalpel. —British Medical Journal.

Alumni Smoker.—The Alumni Association of the Medico-Chirurgical College gave a smoker at the University Club on the evening of May 10th to meet the members of the graduating class. The entertainment was very much enjoyed.

Involuntary Swallowing of Air by Dyspeptics.—Mathieu has found that from 5 to 6 per cent. of all cases of stomach affections in his experience present more or less marked aërophagia. The subjects are unconscious of it and merely complain of the eructation of gases and more or less flatulence. He has established that frequently what they suppose to be an eructation is in reality an involuntary swallowing of air. The flame of a lighted candle held to the mouth does not blow out, but remains immovable, showing that there is no emission of air. Sometimes the air is belched up as soon as it enters the stomach, sometimes it accumulates until the distension becomes marked, and the air escapes into the intestine with a characteristic sound. One subject found that this swallowing of air occurred more than five thousand times during the day, but never at night or when he was absorbed in his business. The swallowed air may present the complete picture of severe gastro-intestinal flatulence.

He distinguishes between the aërophagia of nervous dyspepsia, the spastic aërophagia of severe neurasthenia and hysteria, and the secondary aërophagia accompanying a severe gastric affection. He describes these forms in detail.

As soon as the subjects can be convinced that their troubles are due to this cause they easily conquer it. The spasmodic swallowing can be controlled or prevented by keeping the mouth open, using something to serve as a gag if necessary. The underlying dyspepsia must be treated, and another indication is for measures to reduce the excitability of the stomach. He prefers for this codeine and cherry-laurel water, but morphine and other antispasmodics may be necessary in certain cases. The best means to abort an attack is a saturated solution of chloroform. He gives it in tablespoonfuls at the beginning and during an attack, mixed with water, to a maximum of 4 to 6 tablespoonfuls a day. Antiseptics for the intestines are not needed. The gaseous fermentations to which the flatulence was ascribed not existing in reality, measures against them are only liable to entail drug gastritis. Isolation may be necessary for severe neurotic cases.—Journal of the American Medical Association.

The Relations Between Myoma and Cardiac Disturbances.—G. Fleck states that in 325 cases of uterine myoma pathological alterations of the cardiac functions were noticed 133 times—*i.e.*, in 40.9 per cent. of all cases. It may be mentioned here that this figure includes all even slight anomalies. In the author's opinion, however, this figure is still too low. He inclines to the belief that the diseased condition of both the uterus and the heart may be due to a common cause, probably to an anomaly in general metabolism. The relative frequency of a deposit and the constancy with which macroscopical anatomical changes are found in the ovaries would seem to favor such a theory.—Interstate Medical Journal.

On the Late Effects of Typhoid Fever on the Heart and Blood-vessels.—Thayer summarizes his excellent clinical study on this subject as follows:—

A study of the condition of the heart and blood-vessels in 183 individuals who have passed through typhoid fever at the Johns Hopkins Hospital within the last thirteen years has revealed the following facts:—

1. The average systolic blood-pressure

in these old typhoids was appreciably higher than in control observations upon healthy individuals.

2. The higher average blood-pressure was constant in every decade.

3. In many instances among the old typhoids the blood-pressure exceeded appreciably the limits of what is usually regarded as normal.

4. The radial arteries of the old typhoids were palpable in a proportion nearly three times as great as that found in control observations upon supposedly healthy persons who had never had the disease.

5. The average size of the heart was greater among the old typhoids than in the same cases at the time of admission to the hospital. The difference held good also when the cases were classed according to the age by decades.

6. Cardiac murmurs were heard with considerably greater frequency among the old typhoids than in the same cases during the attacks.

7. In 8 cases where, on discharge from the hospital, the heart was considered normal, subsequent examination revealed hypertrophy with mitral insufficiency; 1 a striking general arteriosclerosis, with hypertension.

8. In 1 case an aortic diastolic murmur was present four months after discharge, but had disappeared five months later.

9. Those patients whose pulse during the disease had been markedly rapid or irregular showed, in general, on later examination, a blood-pressure above the common average for the old typhoids. In other respects, however, their condition differed but little from the general run of cases.

10. Those cases in which a systolic murmur at the apex of the heart was observed during the attack showed later an increase in the blood-pressure and in the size of the heart as compared both with the mean of the observations made upon the same cases on admission to the hospital and with the general average for the old typhoids. Nearly one-fourth of those cases in which, during the attack, systolic apical murmurs were detected showed, on later examination, evidences of organic heart disease. Indeed, the majority of all the cases of organic cardiac lesions among the 183 old typhoids came from this small group of 31 cases.—Cincinnati Lancet-Clinic.

Alimentary Glycosuria in the Children of Diabetic Persons.—Arnold Lorand, as a result of giving test meals containing starch or various forms of sugar to the children of diabetics and then testing the urine, comes to the conclusion that in a majority of cases such children have inherited a certain defective power of dealing with sugar. Apparently the ability to assimilate carbohydrates is diminished. Obesity and acne are frequently present, and precocious puberty is often observed. Diabetes may not develop, and much can be done to prevent it.

Sweets and starchy food should be reduced to a minimum, if meat is a main article of the diet; and should be partaken of only moderately even if meat is not eaten. Such children should not embrace callings that require great intellectual or emotional strains (physicians, lawyers, stock-brokers), outdoor sports should be indulged in freely, and alkaline mineral waters used constantly.—Archives of Pædiatrics.

American Academy of Medicine.—The meeting of this year takes place at Atlantic City, June 4th and 6th. There is to be a symposium on modern school methods, a discussion of the paper read at the last meeting by Dr. H. Bert Ellis, of California, on "The Necessity for a National Bureau of Medicine and Foods." Many valuable papers have been prepared by the Fellows of the Academy.

Hernia of the Ovary.—Schnitzler recently exhibited before a society in Vienna an ovary and tube with strongly twisted pedicle discovered in the sac of a left inguinal hernia. It was compared with similar cases reported by Lockwood and Edmund Owen. The patient was a girl aged 6 months when the operation was performed; the case was not of the type where hermaphroditic malformation is present. Shortly after birth the rupture was detected; it ultimately became irreducible. A radical operation was performed; the ovary, being sloughy, was removed with the tube.

Wertheim, in discussion on this case, related another where a young woman suffered for several years from bad pains in the right iliac fossa. He found the right ovary extremely tender and much displaced forward, yet deep in the pelvis, and advised the patient to send for him when a bad attack of pain came on. She sent for him accordingly, and he found the ovary greatly swollen. The attacks grew so distressing that she begged for operative relief. Wertheim operated, and found the ovary incarcerated in a serous pouch behind the broad ligament. He drew it out and sewed up the pouch. Three periods occurred after convalescence while the patient was still under observation, and, contrary to what had been the case before operation, they were unaccompanied by any pain.—British Medical Journal.

American Therapeutic Society.—The fifth annual meeting was held at the Academy of Medicine, New York City, on June 2d, 3d, and 4th. Leading subjects discussed were: recent advances in anæsthesia; the combat with infection; recent advances in special therapeutics. Papers were read by members upon different phases of therapeutic applications.

Sclerokeratitis Rheumatica. — Edward Asmus records 13 typical cases of sclerokeratitis rheumatica treated successfully with sodium salicylate. At first he was in doubt as to the nature of the disease, and treated the cases as corneal ulcers; he was only put on the track of their etiology by their marked reaction to large doses of the salicylate. The symptoms complained of in these cases vary from a slight feeling as of a foreign body in the eye to the most acute ciliary neuralgia; in the same way the injection varies from slight pericorneal reddening to an involvement of the whole conjunctiva; in the latter cases iritis was almost always present. The corneal opacities are found deep in the parenchyma, of porcelain-white appearance, old foci appearing to be more superficial, dull gray, and slightly excavated, simulating an ulcer; the epithelium over the affected part often has a stippled appearance. The foci approach the limbus, from which they are usually separated by a clear zone, over which fine vessels from the limbus are seen to cross. Either one focus is present or several, which have a chainlike appearance, the single foci often confluescing. Fluorescin seems to have no certain coloring effect, and the author quotes Pfalz, who says that in 4 of his cases, 2 only, which showed also hyperæmia of the iris, were stained with fluorescin. These cases occur in damp and cold periods of the year, and tend to appear in damp localities. The disease seems to occur not only in rheumatic individuals, but also in otherwise apparently healthy persons, as a result of sudden chill, etc. The average of the 13 patients was 50 years, only 2 patients being under 40. He concludes: 1. That these cases present the clinical picture of sclerokeratitis described by Pfalz. 2. That salicin is to be recommended in those cases, also when the diagnosis is still doubtful, particularly when the patient is suspected to be a rheumatic subject.—British Medical Journal.

New Italian Hospital.—A charter has been asked for the establishment of a new Italian hospital in the thickly populated Italian section of Philadelphia, to be known as the Fabiana Italian Hospital.

Typhoid Pericarditis.—Pericarditis is a rare complication of typhoid fever, and but few cases are on record. Delsart describes some, and summarizes the literature on the subject. The evolution of typhoid pericarditis varies according to the form taken by the latter disease. The course and duration of typhoid do not seem to differ in those cases in which pericarditis is a complication. Friction diminishes slowly, and disappears by the time the pyrexia subsides. In some cases friction persists during the whole period of convalescence, and only disappears by the time the patient is completely restored to health. The writer has not been able to trace any fatal cases of typhoid directly to pericarditis. In some cases the myocardium appeared to be severely affected. To this death may be attributed rather than to pericarditis. Thus, in the event of pericardial friction being heard in a case of typhoid, careful attention must be paid to the pulse and the character of the sounds, for irregularity of the former, feebleness, and incompetence of the latter with cyanosis, and cold of the extremities, indicate a myocardial extension. Typhoid pericarditis occurs, as a rule, in the serofibrinous form. Purulent pericarditis is very insidious, as the symptoms and signs are masked by myocarditis, on the one hand, and typhoid, on the other. Purulent effusion forms rapidly in some cases of typhoid, and a fatal termination may be expected in from six to seven days.—British Medical Journal.

Multiplicity of Syphilitic Chancres.—In 500 cases of recent syphilitic chancre Queyrat found 131 cases of multiple chancres, which is a proportion of 26 out of 100—*i.e.*, about one-fourth. Of the 131 cases of multiple chancre he found two chancres 79 times; three, 27 times; four, 6 times; five, 12 times; six, twice; seven, 3 times; twelve, once; and thirteen, once. —Interstate Medical Journal.

A Case of Typhoid Arteritis.—The patient was a boy, aged 9 years, who had a very severe infection of typhoid fever, followed by two relapses. In the interval between the two relapses, on the forty-first day of the disease, an arteritis of the right axillary, brachial, and radial arteries was noted. The pulse was wanting in the axillary vessel for three days, but in the brachial and axillary arteries thirty-five days had elapsed before it was again felt. The return of pulsation was complete in all of these arteries.—Bulletin of Johns Hopkins Hospital.

Spontaneous Return of the Hearing after Total Deafness Following Scarlet Fever.—Eitelberg described the case of a girl of 10 who, after an attack of scarlet fever, became totally deaf, and did not respond to the loudest and strongest noises. After nine months, organ, bells, crying of child, and ordinary noises were heard; no treatment had been undertaken in the meantime. After another three months conversational voice was heard. Most remarkable about the case is the fact that, in spite of admonition to use phonetic speech, the patient conversed only in the sign language. The latter condition and the psychical behavior of the child lead one to believe the case one of deaf-mutism occurring in connection with a temporary disturbance of the hearing, although very rare in a child of 10 or more years.—Medical Fortnightly.

A Case of Suppurative Streptococcic Infection of the Thyroid Gland Secondary to Vaccination.—Giuseppe Caccia reports the case of a child, about 2 years of age, who was vaccinated for the first time eighteen days before the present illness. The reaction was intense. Four days after the vaccination, an evening rise of temperature began to appear, and since then the fever continued with an irregular course. Eczema appeared on the right cheek a few days later and on the fifteenth day the parents noticed the swelling in the neck. The neck was held in extension, and the swollen part was very painful, while the act of swallowing was accompanied by pain. The tumefaction corresponded in outline to that of the thyroid gland. Two days later, fluctuation appeared in it, and on incision a quantity of yellow pus issued forth. The child made a good recovery. The diagnosis was acute suppurative thyroiditis due to streptococcic infection, introduced with the vaccine. Cultures of this germ were obtained from the pus, and, injected into animals, gave rise to similar infections.—Archives of Pediatrics.

Dr. Frank D. Thompson.—Dr. Frank D. Thompson, of Fort Worth, has been elected to the chair of surgery in the Baylor University College of Medicine, Dallas, Texas.

Epistaxis and Diphtheria.—Ernest Vieillard has collected a series of observations, in which he points out the importance of coryza and epistaxis in diphtheria. Epistaxis in diphtheria does not always depend upon the separation of false membranes. It appears sometimes at the beginning of, and even before, the symptoms of coryza, and thus belongs to the prodromal period. Appearing thus early, it is a grave symptom, even should the amount be small. In some cases, on the other hand, there may be a considerable amount of hæmorrhage. The writer refers to a case of nasal diphtheria quoted by Sanne which ended fatally at an early date. In all cases of diphtheria hæmophilic patients run a great risk of severe hæmorrhage. The earlier the appearance of epistaxis, the worse the prognosis, and, in cases of intensely malignant angina, epistaxis is an initial symptom. Thus, in 25 cases of epistaxis occurring before the appearance of coryza, death occurred in 20 (80 per cent.). In all cases in which epistaxis appeared at a later date—that is to say, consecutive to diphtherial coryza—the mortality was 70 per cent. In a series of 6 cases of early epistaxis collected by Geyott (*Thèse de Paris,* No. 445) 5 terminated fatally. Such hæmorrhages, he says, are of considerable importance from the point of view of prognosis, as they are an indication of the severity of the infection. It is in these cases that sudden death from cardiac toxæmia occurs. Vieillard states that occasionally the discharge from the nose may be an oozing the color of licorice-juice. Examination of the nasal mucosa shows that it is covered by bloody mucus and dark-colored false membrane, or even blood-clot. He regards all cases in which such discharge occurs as particularly malignant.—British Medical Journal.

Hysteria Simulating Gastric Ulcer.—The following case recorded by Raymond shows the importance of carefully examining patients previous to major operations, which are now so common. A woman, aged 27, had suffered in girlhood from indigestion. Later she had frequent attacks of vomiting. A month after admission to hospital she had a severe attack of vomiting, suggesting the existence of gastric ulcer, only there was no hæmatemesis. The abdominal cavity was opened, with a view to surgical treatment of an ulcer. None was found. She recovered completely from the operation, but her symptoms were unaffected. A little later a small cyst was removed from the thyroid gland. After the operation she had periods of aphonia. Since then from time to time she has had gastric crises, left hemianæsthesia, and mental symptoms of hysteria, together or separately. This case demonstrates the importance of always bearing in mind the possible presence of hysteria in female patients who complain of subjective gastric symptoms. Unfortunately, a surgical operation in such cases does not even present the consolation of having a good moral effect, as in the experience of the writer the hysterical symptoms are often aggravated.—British Medical Journal.

Thyroid Functions and Epilepsy. — Crisafulli reports the case of a man, aged 20. who began to suffer from epileptic fits and simultaneously enlargement of the thyroid gland. Two years of bromide treatment had no effect. Treatment of the thyroid with electricity and iodine brought about a reduction in the size of the thyroid and complete cessation of fits. The positive electrode was wrapped in wool, soaked in iodine, and applied to the gland. Other writers have proved that there is a definite relationship between epilepsy and the thyroid, and this is supported by experiments on animals. — British Medical Journal.

McGill University.—Dr. Halsey, lecturer in pharmacology and therapeutics in McGill University, has accepted the chair of therapeutics and clinical medicine in Tulane University, New Orleans. Dr. J. W. Scane, the registrar of McGill Medical Faculty, succeeds Dr. Halsey, and in addition will continue the work of Dr. Halsey in the Eddie Morris Research Laboratory, together with his duties as registrar.

The Contagiosity of Icterus. — S. Costa relates the history of an epidemic of icterus, in which he is convinced that the disease spread by contact. The epidemic occurred in a battalion of infantry, consisting of six companies. In all, from July 7th to January 24th, 77 cases of jaundice were treated. The disease was mild in form, and many cases occurred in which the patients did not report themselves sick. The ordinary symptoms of epidemic icterus were noted: discoloration of the skin, increase of urinary pigment, vomiting, and occasionally clay-colored stools. The average duration of the cases was about fifteen days. The troops were operating in a hilly country, where malaria was unknown, and none of the civilian population were known to have suffered from jaundice. Until toward the end of the epidemic the recruits and young soldiers escaped, only the old soldiers being attacked. The recruits were separated from the regular men. The six companies, being engaged in manœuvres, were constantly being moved, and, as each was moved near to a company already infected, the jaundice spread to it. At first the water-supply of the camp in which the main body of troops was stationed was suspected, and the men were prevented drinking the water and served with tea at mealtimes. This did not check the spread of the epidemic, and cases occurred in the neighboring camp, which had a different and irreproachable water-supply. In the course of the operations there was only one stretch of country which all six companies had traversed. Cases of jaundice occurred in all the companies, but the first case of the epidemic was found in a company which did not perform this journey till a week after the man attacked had been sent to hospital. The last two patients were young soldiers who did not join the battalion till November, after the manœuvres were over. They were not affected until twenty-four days after the case immediately preceding. Their illness was slight. Costa believes that this epidemic proves the contagiosity of icterus.—British Medical Journal.

Dr. George F. Brackett.—Dr. George F. Brackett, of San Francisco, has resigned as chief surgeon of the Emergency Hospital Service.

Prof. E. E. Montgomery.—Dr. Edward E. Montgomery was operated on at St. Joseph's Hospital, May 14, for mastoid disease. He has suffered for some time with suppurative middle-ear disease, but was thought to be free from mastoid involvement. The symptoms, however, recently became more pronounced, and operation was decided on. On account of his illness all arrangements for a reunion of the class of 1874 of Jefferson Medical College and entertainment, June 6th, have been abandoned.

Osmotic Disturbances in Glaucoma.—Pusey makes the suggestion that variation in the osmotic capacity of fluids may be the cause of some cases of glaucoma. He thinks it seems probable that in varying osmotic pressure (probably a hypertonic condition within the globe) we have the explanation of the primary cause of the condition. Carrying out his experiments to determine this fact in sheep's eyes a striking change was found in the lenses. In certain concentrations of salt and sugar the lenses became cataractous. A still more startling experiment was the clearing of the cataractous lenses of the salt solution by putting them in a weak solution of the salt or in distilled water and leaving them there for some hours. He thinks that some interesting fields of study and suggestions as a treatment are opened up in this investigation.—Journal of the American Medical Association.

An Unfamiliar Sanitary Invention.—Old Doctor Miskelli was fond of chewing tobacco, and careless as to where he expectorated. Once he called at the home of an old lady who believed that cleanliness comes next to Godliness. This lady had provided for his use a fancy china cuspidor. The doctor, however, continued spitting upon the floor of the veranda. The lady kept moving the cuspidor into a more favorable position. Finally the doctor exclaimed: "Mrs. Simmons, if you don't move that thing I'm going to spit in it!"—May Lippincott's.

The Influence of Nursing Upon the Frequency of Carcinoma of the Mammæ.—L. Lehman in a very interesting essay has compiled all the accessible statistics pertaining both to the frequency of carcinoma of the breast and the percentage of mothers nursing their children. These statistics, referring mainly to the conditions in Germany, include, however, a number of other European and foreign countries. A comparison of these statistics demonstrates the surprising fact that all those countries in which the nursing of the babies by their mothers is notoriously more in vogue show a smaller percentage of mammary cancer. It would seem that hypoplasia of the breast, due to a failure of proper use continued during generation, forms a predisposing factor in the development of a malignant growth.—Interstate Medical Journal.

Ophthalmic Migraine.—Kollartis says that the exact meaning of this clinical term has been a subject of much dispute. In a certain number of cases the attacks of pain are accompanied by paralysis of the ocular muscles which has been called by Möbius periodical oculomotor paralysis. The subject is touched upon in this paper by a clinical report, the main features of which are as follows: A 17-year-old girl with no neuropathic heredity has never been able to see well out of the right eye. At the age of 7 she had attacks of hemicrania, following which there was paralysis of the oculomotor and hyperæsthesia in the right trigeminus, later paresis and then amaurosis in the right eye. The author believes that the paralysis in migraine is to be interpreted as a complication and as a result of the attacks of migraine. It is explained in this way: The nervous system is poorly developed from this point of view and reacts to the repeated attacks of pain by a loss in functional power, which afterward develops into the paresis or paralysis of the muscles supplied by the oculomotor.—Interstate Medical Journal.

Bequests.—By the will of the late David H. Chambers the Camden (N. J.) Home for Friendless Children will receive $2000 and the Camden Dispensary $1000.

New Functional Test of Heart.—Katzenstein remarks that compression of a large artery, such as the iliac, immediately raises the blood-pressure. A normal heart is able to take care of this increased task imposed on it without acceleration of the pulse, but not so in morbid conditions. He tentatively applied compression to both iliac arteries, with simultaneous control of the arterial pressure and of the pulse-rate. He found that four classes of responses were obtained: the arterial pressure rose from 5 to 15 millimeters of mercury, while the pulse did not vary; in case of hypertrophy of the left ventricle the pressure increased by from 15 to 40 millimeters; in the third group the pressure did not vary, but the pulse became more rapid; and, in the fourth, the arterial pressure sank to a maximum of 30 millimeters, while the pulse increased in frequency. He thinks that these latter two classes indicate insufficiency of the heart, and advises this simple test as a means to determine the condition of the heart before serious operations.—Journal of the American Medical Association.

Enlarged Bronchial Glands. — J. R. Clemens is impressed with the importance of making the diagnosis, and, in examining seventy children brought to a clinic for various ailments, found evidences of enlarged bronchial glands in twenty. The cough usually present in such cases is apt to be set down as due to asthma, chronic whooping-cough, and laryngismus stridulus. Signs of the condition are unwonted prominence of a network of veins over the upper part of the sternum and thorax: dullness for a variable distance to the right or left of the manubrium sterni, and dullness in the interscapular region at the level of the fourth or fifth dorsal vertebra. On hyperextension of the neck there is a bruit similar to that heard in the great vessels in high grades of anæmia.—Archives of Pædiatrics.

Hyperpyrexia in Measles. — E. Barnes reports 4 cases, in all of which there was either bronchitis or broncho-pneumonia. The patients were from 10 months to $3^1/_2$ years old and were seen during an epidemic of 50 cases. These 4 patients were the only ones that died, and all had hyperpyrexia, 3 having a temperature of about 106° F., while the fourth had a terminal fever of 111° F. This last patient, $3^1/_2$ years old, had been previously treated for bronchitis, and as the measles eruption appeared diarrhœa and broncho-pneumonia developed. When first seen evening temperature was 104° F., the rash was fading, and the child was delirious. After a bath there was quiet sleep until 4 o'clock the following morning, when the child awakened talkative and apparently improved, the temperature being 101° F. At 7.30 A.M. the physician was sent for, as the child had "fainted." The temperature was 106° F., there was stertorous breathing, complete insensibility, and a pale—though moist—skin. Despite a bath, the temperature at 9.30 o'clock was 110° F. and when death occurred at 10 o'clock had risen to 111° F. The writer says that he has since heard of three other cases of measles that died suddenly with hyperpyrexia.—Archives of Pædiatrics.

Confederation of Medical Examining Boards.—The third annual meeting of the American Confederation of Reciprocating Examining and Licensing Medical Boards was held at Chicago on the 24th of May. Dr. Nicholas Senn delivered an address on the important topic: "How to Secure Uniform Medical Laws." Dr. Frank Billings spoke upon: "Tests of Qualifications Requisite to Matriculation." There were also informal addresses on practical subjects connected with interstate medical reciprocity and uniform qualifications for State licenses.

Uterine Infection Due to Constipation.—Capaldi publishes certain experiments on the above subject which he has carried out on guinea-pigs. He produced complete fæcal retention in these animals by sewing up the rectum, and in every case after a time a migration of bacillus coli from the intestine into the peritoneum and uterus was to be observed. No bacilli were found in the blood. The mechanical action of the loaded rectum, the absorption of putrefactive chemical products, and the slight lesions of the intestinal epithelium all render the passage of so mobile a bacillus as the bacillus coli an easy matter. In the endometrium distinct evidence of slight inflammation, undoubtedly due to the presence of micro-organisms, could be made out. Blood infection only occurred much later. Possibly some cases of abortion in association with constipation may be explained by migration of bacillus coli, and the author relates some experiments in gravid guinea-pigs which give some support to this hypothesis. The conditions of the experiments differ so much from those of constipation as usually seen in practice that too much value cannot be given to them; they, however, suggest that in addition to symptoms due to absorption of putrefactive products, some phenomena may be due to local migration of bacilli into the female genital passages.—British Medical Journal.

Death of Professor Pearce.—The commencement season of the Medico-Chirurgical College was marred by a sad event. Prof. F. Savary Pearce was seized with sudden illness just after the completion of the term, was taken to Steubenville, Ohio, but did not survive many days after reaching his father's house. The deceased was a highly esteemed member of the faculty. He had filled with great acceptance the chair of neurology and had within the last few months published a work on nervous and mental disorders. He was a diligent student and an excellent instructor. His loss is deeply regretted by all his colleagues of the faculty.

Professor Pearce had attained unusual success in the line of his chosen specialty. The future seemed bright and full of promise, when he was suddenly cut off prematurely, and the expectations of his relatives and friends were doomed to disappointment and grief. All who knew him have at least the consolation of knowing that while life was spared Professor Pearce was always faithful at his post of duty, that he labored and achieved. *Requiescat in pace!*

Syphilis of Trachea and Bronchi.—Neumann has previously related the history of four cases of syphilitic stenosis of the trachea, and describes another in which there was multiple stenosis in both trachea and bronchi, accompanied by gummata in the skull, clavicle, and skin; gummatous processes in the trachea and bronchi; pulmonary emphysema; kyphoscoliosis, and chloranæmia. An effort was made to dilate the trachea with permanent tubes, which von Schrötter has successfully used in two cases, but with little results in this one. No attempt was made to excise the crossbars of tissue in the trachea and bronchi, both on account of their inaccessibility and of the liability that they would grow again at once. The patient left the clinic somewhat improved under potassium iodide, breathing easier. —Journal of the American Medical Association.

Book Reviews.

Manual of Materia Medica and Pharmacy. Specially Designed for the Use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. Stanton Muir, Ph.G., V.M.D., Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third Edition, Revised and Enlarged. Crown Octavo, 192 pages. Interleaved Throughout. Bound in Extra Cloth, $2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This manual consists of three parts. In the first is a synopsis of the parts of plants adapted to familiarize the student with the names and meanings of the botanical terms employed in materia medica. The second part is devoted to a consideration of individual drugs. The third part briefly describes the operations of pharmacy. The drugs are arranged alphabetically, and under each is given its source, description, official preparation, therapeutic action, and dose. The toxicology and antidotes are included under the poisonous drugs. Doses are given not only for the human adult, but also for the horse, dog, and some of the smaller animals—a feature which should commend it to physicians practicing in the country, who are sometimes called upon to prescribe for cattle.

Materia Medica, Pharmacology, and Therapeutics. Inorganic Substances. By Charles D. F. Phillips, M.D., LL.D. (Abdn. and Edin.), F.R.S. and F.R.C.S. (Edin.); Honorary Fellow of the Medico-Chirurgical College, Pennsylvania, etc. Third Edition. Longmans, Green & Co., London, New York, and Bombay, 1904.

This is an extremely well planned and well executed work. It is a very instructive work. It represents in an unusual degree the personal experience of the author in actual practice strengthened by his competent judgment concerning the experience of other writers. In this careful manner the author surveys the field of therapeutics and remedial agents. In this volume a large space is devoted to the uses of water-baths, and mineral springs. A special account is given of the various mineral springs which have received so much attention throughout Europe. This section is in itself a monograph. In the same thorough manner the physiological properties and therapeutic efficacy of every remedy belonging to the inorganic class are studied and stated. An admirable description of arsenic is given, and under this head the claims of cacodylic acid are considered. The author fully recognizes that this new arsenical compound has accomplished good results in certain cases, but finally concludes that the balance of later experience makes it, on the whole, probable that the cacodyl preparations are no more effective and perhaps less safe than the official acid, its salts and solutions. After a fair trial he concludes that uranium nitrate has never justified the praise it has sometimes received. The author includes in this volume observations of glycerophosphates, open-air treatment of tuberculosis, radiant heat and light for rheumatism and lupus, as well as many additions to our knowledge of the physiological action of drugs.

Dr. Phillips's book is one which it is a pleasure to commend.

Practical Gynecology. A Comprehensive Text-book for Students and Physicians. By E. E. Montgomery, M.D., LL.D., Professor of Gynecology in Jefferson Medical College, etc. Second, Revised Edition. With 539 Illustrations, the Greater Number of which have been Drawn and Engraved Specially for this Work, for the most part from Original Sources.

We recognized the merits of this work at its date of first publication. Its tone is eminently plain, direct, and instructive. It is based upon a wide experience and deep study. The second edition is thoroughly revised and largely rewritten. In its present form the work is an excellent exponent of the state of knowledge of an important specialty. The author justly lays great stress upon the subject of diagnosis, and his sections dealing with the recognition of diseased conditions are carefully prepared. Every sentence in the book leads up to the great end of treatment. The author has been a student of his branch for the very excellent and practical object of relieving the misery caused by lesions of the genito-urinary apparatus in women. In his exposition of the methods at our command in dealing with these ailments the author is remarkably clear and impressive.

Always a good book, there is no doubt that the author has succeeded in increasing its usefulness by this revision. Changes have been made in the arrangement of the text, and these have presented the relationship of subjects in a clearer light. Many new illustrations have been introduced. We can, therefore, with all confidence, extend to the second the same commendation which we gave to the first edition.

COMMERCIAL NEWS.

CACTINA IN FUNCTIONAL DISEASES OF THE HEART.

By John L. Hatch, B.S., M.D.,

NEW YORK.

The last in the list of cardiac stimulants, but by no means the least, is Cactina. This drug is the proximate principle of the *Cereus grandiflora* (night-blooming cereus), and belongs to the natural order of the *Cactaceæ:* a plant indiginous to tropical America. This active principle was most successfully isolated by a pharmaceutical chemist of St. Louis,—Frederick W. Sultan,—who obtained it from the flowers and stems of the Mexican variety, which yields a greater and more constant quantity than any other species. This drug is nonirritant and can be applied to the conjunctiva in a 10-per-cent. solution without producing any noticeable effect. Therapeutic doses cause a rise in the arterial pressure and increase the pulse-rate, whereas toxic doses cause, first, acceleration of the pulse and a rise in arterial pressure that is followed by a drop in the pressure and a diminution in the rate of the pulse. The pulsations become irregular and spasmodic and the heart is finally arrested in systole. A fair conclusion is that the drug produces these effects chiefly by direct stimulation of the intracardiac ganglion.

From this we may conclude that the action of the Cactina in therapeutic doses is to increase the musculo-motor energy of the heart, elevate the arterial tension, with a corresponding increase in the height and force of the pulse-wave, and to elevate the general nervous tone by stimulating the motor centers in the cord. Cactina is indicated, then, whenever we need a powerful cardiac tonic stimulant.

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AN OBSTINATE CASE OF GOUTY ECZEMA.

By E. Foucault, M.D.,

PARIS.

This case is interesting inasmuch as the patient, who called me in to treat an acute attack of gout, did not then mention the fact that he had, as he told me afterward, "a chronic skin disease since he was twenty-three years old."

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(Continued on Advertising Page 18)

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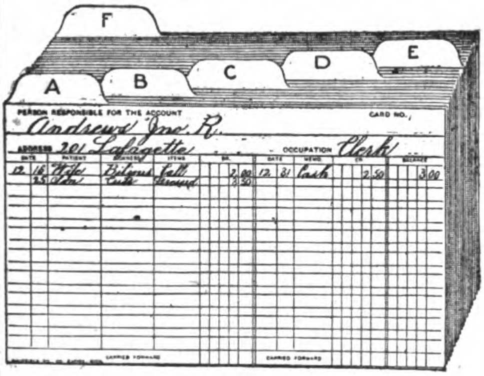

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three to four times in twenty-four hours; also had to wash out the bladder and use suction to withdraw the clots. Since using Sanmetto the urine passes again normally, the constituents are nearly normal, and the patient has fully recovered, with the exception of a small quantity of albumin. I shall prescribe Sanmetto in the future if cases for which it is indicated fall to my care for treatment.—W. B. Erdman, M.D., Macungie, Pa.

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I have many such cases in which Peptenzyme has worked in the same way in stopping vomiting and purging. I have so much confidence in the preparation that, when I see a child in this stage, I tell the parents that after one or two doses of this preparation the vomiting will cease. So far I have yet to hear of my first failure with Peptenzyme.———, M.D., New York.

THE PAIN IN RHEUMATIC GOUT.

Charles P. Heil, M.D., late Professor of Anatomy in the Indiana College of Medicine, Indianapolis, Ind., in the Mobile Medical and Surgical Journal, states: "Many of the cases of rheumatic gout which I have treated were of an obstinate and complicated character, and I must state that I myself have been suffering with an attack in the nature of a very severe inflammatory condition, situated in and over the articulations of my wrist-, knee-, and ankle- joints. The pain which I suffered most of the time was indescribable. I placed myself under the care of a physician, who, upon examination, pronounced me also slightly affected with cardiac trouble. I suffered the most excruciating pain for ten days and nights, without alleviation of my sufferings, nor apparent signs of progress for the better. Knowing full well the efficiency and value of Antikamnia Tablets in these cases, I took 2 tablets and about ten minutes after taking them the pain was relieved, I perspired slightly, and then fell into a gentle sleep. The result was simply magical. I slept eight hours in perfect rest, free from all pain. I continued the 2 tablets every four hours during my convalescence and until complete recovery."

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It is necessary to prevent, as far as possible, the great coagulating effect that the lab-ferment of the infant's gastric juice has upon the casein of cows' milk; and this is satisfactorily accomplished either by adding an alkali, such as lime-water, or some mucilaginous material such as barley-water or Mellin's Food. In this way the casein curd is rendered loose and flocculent, and more like that of human milk.—"Diseases of Infancy," J. W. Ballantyne, M.D.

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(CONTINUED ON ADVERTISING PAGE 25.)

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ABDOMINAL DROPSY.

There is a vast difference between a serous exudate within the peritoneal cavity and pure ascites. This is common in all forms of chronic peritonitis, whether that be tubercular or cancerous. Pure abdominal dropsy—ascites—is a condition which is attended with serous transudation from stasis—and associated in no way with inflammation.

Abdominal dropsy results from a multiplicity of causative influences. Very many cases are the result of obstruction to the portal circulation, tumor pressure may be a cause, and aneurism is often a hidden factor which is responsible for the existence of the disease. Chronic valvular disease, emphysema, chronic pneumonia, Bright's disease, and anæmia are all etiological elements which must be carefully taken into consideration when the patient is being examined. Chronic malarial poisoning is responsible for many cases of ascites. The writer believes that many physicians fail to observe the importance of malarial poisoning as a cause of dropsy. Yet if the practitioners of the Southern and Western States were asked regarding this element in the causation of dropsy we feel that many of them would say readily that malaria was a common cause. Some of the worst cases seen in practice are those which are secondary to chronic intermittent fever. Most of the great writers on practice have taken cognizance of this cause of the disease.

The ascitic fluid is usually of pale yellowish tinge—though it is sometimes greenish or entirely clear, and the specific gravity varies between 1.010 and 1.015. In some cases of dropsy, however, the effusion is milky; this is due to an admixture of chyle.

The symptoms of abdominal dropsy are due to the weight and pressure of the transudation. The fluid, of course, sinks to the lowest parts of the abdominal cavity.

The prognosis of dropsy necessarily depends upon certain conditions. If the patient is greatly reduced in health and his resisting force low, the prognosis is, of course, very grave. If a patient is anæmic to a striking degree the chances of recovery are very indifferent—especially if this condition has persisted for any considerable period.

If a patient, however, has a good appetite and is not anæmic to a pronounced degree, we may, in the present state of our knowledge of the disease and its therapy, entertain a reasonable hope of bringing about a favorable result. But, of course, the writer does not for a moment wish to be understood that many old and practically hopeless cases can be cured. Of course, the intelligent physician will not readily take up so irrational an idea that many of the hopeless cases can be brought to cure. Some cases can only be relieved, and in all that present themselves it is the part of wisdom to give a guarded prognosis in the cases. Some cases that appear are to all appearances hopeful, but will fail

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to respond to treatment, and, on the other hand, the unfavorable cases will often respond readily to treatment, and the most encouraging results follow.

The fact is now admitted that the prognosis of abdominal dropsy has improved in the last decade. This fact is attributable to the introduction of remedies which have a curative action on the dropsical process, and to a general improvement in our therapeutic methods.

In the treatment of patients afflicted with dropsy, it is highly important that the general health of the patient be brought to the highest point. The fact that abdominal dropsy is a resultant disease condition makes it a highly important matter that the morbid condition upon which the affection is dependent be treated in a rational manner. If there be anæmic, chronic malarial poisoning, or other disease conditions which give rise to the dropsy, they must be treated in the manner which is in accordance with modern therapeutics.

In those cases which result from chronic malarial poisoning, it will be highly necessary for the patient to remove to a nonmalarious locality, and to take systematic treatment for a period sufficiently long to bring about an entire return to normal conditions.

In a like manner all those measures, therapeutic and otherwise, are to be given attention, which will in any way tend to the removal of the cause of the disease, or which will act as a general systemic tonic and tissue builder.

It is an axiom of modern therapeutics that the maintenance of the vital resisting power is necessary in order to attain satisfactory results in the combat with disease. In the treatment of dropsy this principle is to be observed.

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(Continued on Advertising Page 27.)

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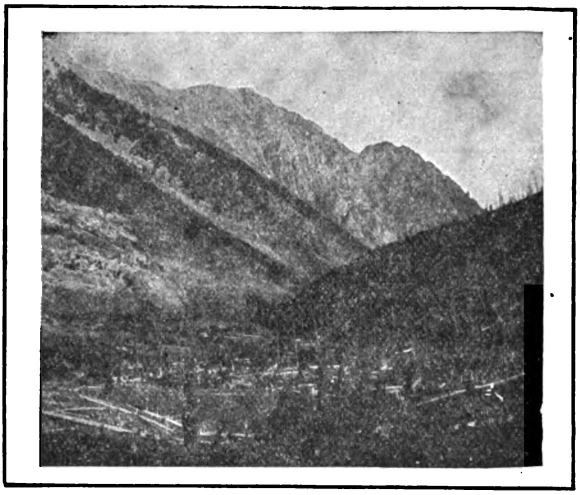

THE time to hunt for bears is when they are out. The place to hunt for gold is where it is certain to be found. In 1863 an old trapper discovered gold at Emigrant Gulch, Mont., not far distant from the now prosperous city of Livingston. Next year a certain David Shorthill, a practical engineer, spent a few weeks at the Gulch and secured several hundred dollars in coarse gold. The next season he extracted enough gold to load two pack horses and returned to the East a capitalist.

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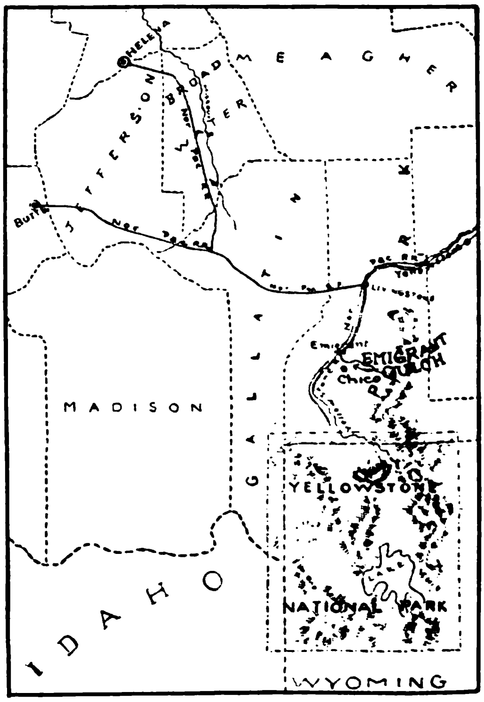

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Clinical Lecture.

DELIRIUM TREMENS—TYPHOID FEVER—CONTINUED FEVER.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

CASE I.—DELIRIUM TREMENS.

GENTLEMEN: The first case which I bring before you this morning is a most impressive and distinctive example. The patient is a man who appears to be about 40 years of age. There is no history, for he is unable to give us any information. He is unconscious of his surroundings. The man constantly mutters incoherently to himself, and from the tenor of his talk we know that he is afflicted with hallucinations. His body is in constant movement. He twists this way and that, contorts his countenance, and struggles with his limbs against the straps with which it has been necessary to bind him to his bed. Tremors are continually running over the surface. He rolls his head from side to side. He has scarcely slept since admission. He is a typical picture of what has been aptly termed "busy delirium."

The urine is almost completely suppressed. There has been none except a little which was withdrawn by the catheter. The fluid contains albumin with casts. The tongue is as hard and dry as a chip. The temperature is 101.3° F., the respiration is 37, and the pulse 120, soft, weak, and irregular.

The functions of the brain and spinal cord are profoundly impressed. Rationality is obliterated. Some sort of distorted mentality is evidenced by the mutterings. The tremors and restlessness point to the involvement of the spinal cord. Therefore we ask ourselves: what has produced so lamentable a condition? Are we dealing with a case of uræmia, as might be inferred from the examination of the urine? In the complete ignorance of the prior history and habits of a patient it is not always easy to arrive at a correct conclusion. In such cases it behooves us to be cautious. Very mortifying mistakes, for instance, have sometimes been made by confusing drunkenness with concussion or compression of the brain. The combination of delirium and tremor in this case, however, points without doubt to the diagnosis of delirium tremens or, as it is otherwise called, *mania à potu*. This attack may have been precipitated or enhanced by the chronic disease of the kidneys. Whether he has ever previously been assailed in this manner we do not know.

Delirium tremens is one of the various forms of alcoholism. It is an affection of habitual drunkards. Sometimes an attack occurs in consequence of a fright or other emotional excitement. The symptoms are undoubtedly due to the excessive abuse of liquor, and yet, on the other hand, a sudden deprivation of the accustomed stimulus may be followed by an outbreak.

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[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

This is sometimes seen in hospitals and prisons. Insomnia is one of the preliminaries of delirium tremens. Tremors, fears, and hallucinations follow. In some cases the paroxysm is extremely violent. The patient raves furiously, and his struggles are so fierce that he breaks his bonds. Such a man has been known to escape from confinement and run fifteen miles. The mental condition is much depressed. The visions of horror which may oppress the individual are recognized in the popular expression about "seeing snakes."

Amelioration generally occurs after prolonged sleep. As a general rule, patients recover from a first attack. Your prognosis should be guarded, however, in any case. A patient may have slept and may appear to be improved, may rise from his bed only to sink into a sudden collapse and perish. For the present patient I see no hope. He is doomed. The toxic impress upon the central nervous system is great, and in addition to this effect we have the long-standing kidney disease, with suppression of urine.[1]

In the treatment of delirium tremens the use of measures which produce sleep is of the utmost importance. The nerve-centers need to be lulled to rest. Under the influence of sleep the nerves and muscles recuperate. Formerly the principal reliance was placed on opium, but now the tendency is not to use it with too free a hand. I do not approve of the administration of chloral, because the heart is wearing out under the tense nervous and muscular strain. Chloral is capable of causing perilous, if not fatal, cardiac depression. The bromides are depressant agents. Digitalis has appeared to do good in some cases, but I would not recommend it in this instance,—at least, by the mouth,—as it would not be absorbed by the stomach of an individual with such a parched tongue. An unabsorbed medicine floating in the stomach certainly can produce no benefit, whereas if after a time conditions improve and a quantity is suddenly taken into the circulation the effect may be overwhelming. Digitalis is particularly liable to such accidents. Paraldehyde, although an excellent soporific, is of less value in delirium tremens than in many other morbid conditions. I would not advise strychnine, for the reason that in chronic interstitial nephritis, especially if due to alcoholism,—the very state which exists in this patient,—the drug adds to the embarrassment of the renal functions.

It may be necessary to have recourse to opium or morphine in order to quiet the nervous centers. I do not entirely deprecate its use. I would only warn you not to rely too exclusively upon that agent, but employ it with caution and judgment.

We can give our hypnotics hypodermically or introduce them into the rectum in the form of an injection, enema, or suppository. For the purpose of acting quickly on the brain and spinal cord cannabis Indica is often excellent, from $^1/_4$ to $^1/_2$ or 1 grain of the extract being embodied in a suppository. This drug may be used alone or it may be effectually combined with camphor, which is an excellent synergist. The monobromated camphor is another efficacious preparation.

Such patients require stimulation. Their tissues have been steeped in alcohol so long that we must continue the accustomed stimulus in moderate, measured amounts. The man before you, for instance, has been given 1 ounce with 10 minims of tincture of capsicum and 1 drachm of aromatic spirit of ammonia. This is a good combination in cases of delirium tremens. Several doses may be administered at hourly intervals. Repetition of the dose may then be postponed to the second or third hour according to the condition of the patient. Capsicum has an excellent influence upon the chronic gastro-intestinal catarrh which all drunkards have. It stimulates the heart and possesses some narcotic power. It is often acceptably and usefully given in beef-tea, for patients of this class need nourishment.

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[1] The man died in the afternoon of the same day.

Their usual history is that they have been drinking much and eating little. This patient has had but little sleep since admission to the hospital. For this reason he has had a suppository containing hyoscine hydrobromate. This last preparation is to be recommended in such cases. As a general rule it is to be preferred to morphine, although it was found necessary to give in addition $^1/_4$ grain of morphine sulphate hypodermically at night. These measures quieted the man, but did not cause him to sleep soundly or for any considerable period. Hyoscine hydrobromate is an effective agent. It allays restlessness and promotes sleep. It is a sedative to the brain and cord, and was given in this case in the dose of $^1/_{100}$ grain. As with atropine, we have a gauge of its action in the dilatation of the pupil. I have said that when a patient has such a dry tongue as this man has there is no use in giving digitalis by the mouth. Nevertheless, in order to obtain its effects upon the kidney we may inject hypodermically from 10 to 15 minims of the tincture. This influence was particularly needed in the present case, because of the inactivity of the kidneys and almost total abolition of their function. In ordinary cases of delirium tremens the renal organs resume work when the nerve-centers are quieted. If digitalis fails we may substitute for it sparteine or nitroglycerin, or give them in combination. They will strengthen the heart and promote the secretion of the urine.

Delirium tremens occurring in a subject of chronic parenchymatous nephritis is a portentous complication. It was felt from the first that this patient's condition was desperate.

Case II.—Typhoid Fever.

This boy, 13 years of age, was in an advanced stage of typhoid fever when admitted. His temperature keeps high,—103° to 104° F.,—his respirations average 34 and his pulse to-day is 104. His tongue has been very dry.

There is no routine treatment of typhoid fever; we must stand ready to meet the emergencies of every case. Very much depends upon careful nursing and liquid diet. In this case we have had, as yet, no complications. The lad has, therefore, been placed upon a general plan of treatment which is adapted to combat the mischievous influence of Eberth's bacillus. On account of nausea lime-water has been added to the milk which he takes. He was placed upon a capsule containing 2 grains of quinine sulphate, 1 grain of salol, and 10 minims of oil of turpentine, one such capsule to be taken three times a day. Two days after admission the dose of turpentine was increased to 15 minims. Quinine is an excellent antipyretic and is one of the least toxic of such agents. Both the quinine and salol are antiseptic. Salol especially has an antiseptic influence upon the intestinal mucous membrane. Turpentine is a valuable remedy in typhoid fever. It moistens the hard, dry tongue. It is effective in dispelling tympanites. It possesses marked antiseptic virtues. It is also antipyretic. It increases the force of the circulation, promotes activity of the glandular system, and elimination of effete material through the kidneys. If 10 minims are not sufficient the dose can be increased to 15, 20, or even 60 minims. Turpentine is, moreover, of special utility in hæmorrhage from the bowel. This threatening accident, which forms a part of the history of typhoid fever in many instances, can be foretold by the clinical thermometer. A sudden fall of the temperature, perhaps to a subnormal degree, is a presage of hæmorrhage. Turpentine should then be given in larger doses, from 1 to 4 drachms, and repeated at intervals until the temperature begins to rise. This method was instrumental in saving the life of a soldier who had twenty-one hæmorrhages. He was one of the many brought to this hospital from the fever-stricken camps after the Spanish-American war.

Cold sponging is useful in typhoid fever. The nurse can take different parts of the body at a time. The water may be plain or it may contain a portion of vinegar or alcohol. These sponge-baths are grateful to the patient and they reduce fever. We relied upon them very much in our treatment of the soldiers to whom I have just alluded. A sudden immersion of the whole body in a tub of cold water, according to the Brand method, disturbs and frightens the patient, and produces a severe shock. Individuals thus treated will turn blue, their teeth will chatter, and they will beg to be taken out of the water. In not a few instances it is difficult to resuscitate them. The sponging possesses the advantages of the tub-baths without their defects.

CASE III.—SIMPLE CONTINUED FEVER.

I bring this young woman before you in order to say a few words regarding the contrast between her case and that of the boy. She was admitted as a typhoid fever patient, but that disease has failed to develop. The fever and its concomitant symptoms are the essential features of this case. There has been no tenderness of the right iliac fossa. There is no eruption upon the abdomen or elsewhere. There has been no diarrhœa, nor has the muscular strength been so profoundly reduced as in typhoid fever. In short, this is a fair example of what is known as simple continued fever, or febricula. As a general rule, a week may cover the entire course of this affection. It begins with a chill or chilly sensations. The succeeding fever does not run very high, but is often accompanied by headache and backache. The urine is dark and the fever sometimes leaves an herpetic eruption on the lips. In these particulars there is scarcely any danger of confusing it with typhoid fever. However, it is a safe rule when brought into contact with a febrile condition in young persons to think of typhoid fever, because that is the time of life at which it is most prevalent. Moreover, there are some cases which linger along till about the ninth or tenth day, and in such event it is natural that our apprehensions should increase. The absence of pain in the flank, gurgling, diarrhœa, and eruption will fix the diagnosis. In such lengthened cases the tongue may become dry. The temperature at last falls rapidly, a sweat appears upon the body, and the difficulty is at an end. The clinical features and course are distinct from typhoid fever.

Simple continued fever does not need very active treatment. Cold sponging, a laxative saline, and spiritus ætheris nitrosi, with light diet, rest in bed, and well-ventilated room, fulfill all the indications.

CASE IV.—TYPHOID FEVER AND NEPHRITIS.

I will now show you another young woman, 22 years of age, in whom typhoid fever is accompanied by a somewhat unusual complication. Her history is as follows: Her parents and three sisters are living and well. Twelve days ago she was afflicted with loss of appetite, headache, pain in the back, constipation, and weakness. Subsequently the bowels loosened until she was having five passages a day. On admission her temperature was 103° F., and her pulse was 114. The urine had a specific gravity of 1.025, was of acid reaction, and contained some sediment, 3 per cent. of albumin, but no sugar; and the diazo reaction was negative. Under the microscope were seen numerous crystals of calcium oxalate and granular casts. This examination was made six days ago; two days later the albumin had increased to 4 per cent. The Widal reaction was negative. Constipation was at first present. This is not the rule, as you are aware, in beginning typhoid fever, but you must also be aware that there may not only be constipation as an early symptom, giving way soon, as in this case, to diarrhœa, but that a certain number of cases are accompanied by constipation throughout their course.

The assemblage of symptoms is indicative of typhoid fever, but the revelations of the microscope show that it is accompanied by acute parenchymatous nephritis. There is slight tympanites. Yesterday a few rose-colored spots were found upon the abdomen and the spleen was enlarged.

When first admitted this patient was ordered 2 grains each of quinine and salol every three hours, with spiritus frumenti. At first she passed from 14 to 20 ounces of urine in the twenty-four hours. Within a few days this quantity fell to 10 ounces and then to 8 ounces. This was approaching perilously near suppression. The quinine and salol were then abandoned and Basham's mixture—liquor ferri et ammonii acetatis—was given in its stead. Two drachms of this mixture were given four times a day. This caused some increase in the quantity of urine, viz.: 14 to 16 ounces. At this juncture the Basham mixture was suspended and superseded by 15 minims of spiritus ætheris nitrosi, with 1/2 ounce of liquor ammonii acetatis. The prognosis of this case should be guarded on account of its association with nephritis.

Although some whisky was given to the patient on account of her marked prostration, it was soon abandoned. When prescribing stimulants in typhoid fever we should be guided by the sounds of the heart and the condition of the pulse. In other words, give them only when needed. In some cases it will be necessary to employ them for weeks. Therefore, do not begin with them too early or you will be giving too much and perhaps do more harm than good. If the first sound of the heart is audible and the second clear, the pulse of fair volume and not compressible, alcohol is not needed. When the heart-sounds become less distinct and the pulse more rapid, it is proper and beneficial to commence the use of stimulants. As the case progresses it is better to shorten the intervals to every fourth hour rather than to increase the quantity. At a later stage we may add digitalis, 5, increasing to 10, minims of the tincture. Saline injections answer a good purpose in such cases. The patient should also be given water every four hours; it washes out the kidneys. A saline is indicated when the quantity of urine is much lessened.

Original Communications.

SUNDOWN JOURNALISM.[1]

By T. D. Crothers, M.D.,
Editor of the Journal of Inebriety,
HARTFORD, CONN.

Institutions organized to give medical lectures and instruction only in the evening are called "Sundown Colleges." The supposition is that a number of young men who are busily occupied during the day with other work are unable to take up medical studies until after sundown, or in the evening. It is claimed that limited means and urgent duties prevent them from studying medicine at any other time; hence this teaching is secondary, and is a form of by-product instruction, after the stress and strains of the day. I have used this term to describe some of the peculiarities and eccentricities which appear in journals and journalistic work, the simplest explanation of which is sundown work, or work done when the brain and body are debilitated, and below par from the strains and labors of the day.

Scientific work in medical journals or elsewhere is rarely demanded under stress and strain, or consigned to sundown periods, when the brain is debilitated from other duties and less clear and vigorous. Critical readers of medical journals are frequently surprised at the wide variation in the quality, style, and tone of the work presented. The editorials differ widely and the point of view often changes, and the thought is sometimes harsh, discordant, or vague and confused. Credulity and skepticism alternate so rapidly as to confuse the reader. While the editor is known to be a man of excellent judgment and careful in his conclusions, the editorial work fails to confirm this estimate of his ability. The inference is that this is the work of other authors, and my plea last year before this association to have all editorial matter signed was to enable the reader to clear up this mystery.

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[1] Read before the American Medical Editors' Association, June 6, 1904, at Atlantic City, N. J.

While journals, like individuals, have frailties, and editors have distinct personalities, the reader is distressed when these peculiarities change rapidly, and become confused and hysterical, and move on unusual, zigzag lines. The real pleasure to the reader of a journal is to know and respect the author's consistency, good judgment, and uniform impressions of the changing conceptions of science. When he fails in this, evidently some clouds have come into the horizon and broken up the usual order of events, one explanation of which would be sundown journalism. Work done under unfavorable conditions; forced work, in which tobacco, coffee, tea, whisky, or morphine are appealed to for help. Editorial comments on matters of which we know the author's familiarity, which fall so far below the usual levels of good sense and clearness of expression, must be attributed to this source.

During the past year many of the contributed articles on consumption have brought out distinct earmarks and footprints of sundown thinking and working. Evidently some of these papers were written by persons suffering from this disease, with its peculiar delusions and mental twists largely influenced by the time of writing and the form of drugs used. Often papers on appendicitis have a markedly sundown movement with a confused, exhaustive tone. Such writers are working at night suffering from fatigue, strain, and exhaustion, following the operations and other work which have been performed during the day. Both the great weeklies and some of the monthly journals contain many marked examples of sundown contributions, noted in the jarry, exclamatory style from the effects of alcohol, or the softer notes and the assertive confidence in which conclusions are stated under the influence of morphine. The cocainist influence in these contributions are more pronounced than that of any other drug, particularly in the endless repetitions and explanations involved, and moving along in a dreamy, hazy mass of words. The query is often made why all this mass of journalistic work, coming from the press every week and month, should be so ephemeral and valueless. The evident explanation of some of it is sundown writing, stimulated by drugs, and efforts to work the body and brain at a time when rest is required.

The same errors appear in books. Often a clear, vigorous, medical teacher, whose work in the classroom is stimulating, will write a book that utterly fails to sustain his reputation. The impression in the classroom as a teacher is broken up by the halting, obscure, nonstimulating, expressionless work in the volume. Reviewers are disappointed in the text-books of eminent practitioners and teachers that fail to present the best thought and conclusions, and practically are nothing but involved literary patchwork, lacking in form, shape, and vigor. The critic is conscious that the author has given only a weak production of what he could have done; hence his praise is formal and mechanical. One of the popular text-books on the market is notoriously a midnight work, stimulated by opium and cocaine; another text-book with a large sale has drug writing and drug thought on every page, and the so-called brilliant passages are followed by vague statements so marked that the exact drug used can almost be pointed out.

Frequently some eminent physician in active practice will deliver an address as president or orator for some occasion, and the expectations of his friends will be greatly disappointed. The vigorous, clear-headed man when seen in print appears as a vague, sophomoric thinker, confused in range of thought, jarring in style, and seldom rising to the time and occasion. Often the effort to be strictly scientific appears most prominent by following other authors and restating their conclusions from different points of view, dovetailed with his own opinions, and all covered with an air of mystery and technical words. Lectures, essays, and pamphlets which conclude with an enormous bibliography convey the impression and expectancy of an exhaustive effort, yet, when critically examined, the sundown flavor and general feebleness of work is apparent. German literature is very often marred by these posing effects of bibliography following commonplace writing on well-known subjects, mixed up with excessive technicalities and sentences so involved that the author's meaning is never clear.

Editors are always troubled with contributions from influential, active medical men whose writings are mere by-products and feeble sundown efforts. Their standing in the community and reputation makes it difficult to refuse such work, and yet the editor knows that it is mere stuff and fustian, and often without the merit of style and culture. The only objection that can be offered is that the columns are crowded and his stock of supplies exceeds the demand for a long time to come, and this is literally true of this class of work. I have come in contact with many medical men noted as voluminous writers who are or have been disabled from the use of spirits and drugs. They usually suffer from insomnia, and take to writing midnight articles that reflect accurately their exact mental condition. Some of these writers, after varied experience as journal contributors, become authors of books. It is needless to add that the paranoiac brain influenced by beer, alcohol, and drugs appears more or less prominently in all their work. Foreign medical literature, both in journals and books, often exhibits the same marked traits, the same banquet twist, the same wine and beer coloring, and the same midnight work unmistakably. While the range of thought is less versatile and vigorous, it always excells in stupid conservatism and technical minutiæ.

To all careful observers the examples of this kind of work apparent in general literature will be surprising. Magazine articles and books present many illustrations of midnight work done under the influence of alcohol, morphine, and cocaine. A book having a large sale and admired by many persons was written by one using cocaine. The plots, the mystical style, and the range of thought and other indications are conclusive. It is surprising to note how exactly the writer, both in scientific and general literature, unconsciously and exactly described his mental health and condition in his writings.

As editors and writers we may not always be able to make wise discriminations of the contributions offered or determine the real value of scientific writing, but personally we can avoid sundown work and midnight thinking, and thus cultivate sharper eyes and clearer brains in detecting the movement and direction of scientific progress. An article recently published by a very clever critic and medical man claims that much of the literature of to-day can be aptly characterized as the direct products of coffee, beer, wine, spirits, and compounds of opium and cocaine. There can be no doubt this is true to some extent. We all realize that no one can think or write clearly on any subject with a weary brain or one forced into service by drugs. It is difficult to understand how a medical man can expect, after the labors and duties of the day, to retire to his office at night and do any good, scientific literary work.

Medicine and literature in any form or direction to be successful requires the clearest thought and the best energies under the most favorable conditions. Journals, editors, and authors can never bring out sundown products under the influence of drugs and become successful workers. Journals die of neglect and dementia, simply because they are the products of fatigue and forced, unnatural efforts. Editors become marasmic and disappear, because their best energies and efforts have been diverted in other directions and their literary work is only by-products. Authors pose for a little time and then are forgotten, because they had no message and no thought to communicate. What they said was thought after sundown in an atmosphere of tobacco, coffee, spirits, and drugs. In all this there was mental and physical starvation, acute mental poverty, with consequent confusion of thought and purpose.

I repeat what I have said before that these obvious conditions explain many of the failures in journalism and literary and scientific efforts by medical men. The surgeon, the neurologist, and the active practitioner in every department of medicine can never write lectures, learned essays, or clear editorials after sundown. Such work must be done in the morning under the very best conditions and favorable circumstances for clear thinking and exact writing. Dictating to a stenographer after dark when the duties of the day are ended carries with it a distinct impression which critical readers do not fail to discover. Sundown books, sundown authors, and sundown journals ought to disappear, and will do so in the near future. When journals appear to meet a real demand, and editors understand the conscious and unconscious claims of scientific medicine, and authors feel that they have a real message and group of facts to communicate, then the mediocrity of medical and particular journalistic literature will pass away.

BUZZING IN THE EAR IN NEURASTHENIA.[1]

By Dr. Amédée Pugnat,

GENEVA.

Buzzing in the ears is not rare in neurasthenia, but it has not been carefully studied. Neurological literature scarcely mentions the subject, and the bibliography of otology contains but some sparse references. We believe that it merits more than a simple note, because it is often the object of an erroneous diagnosis, leading to injudicious treatment. We have frequently had occasion to recognize this fact. We therefore regard it as not superfluous to describe the symptom and indicate its treatment. Castex[2] is, to our knowledge at least, the only author who has given attention to the matter. He reports two cases, and assigns them the following characters:—

1. The sounds are attenuated after prolonged external noises.
2. They are localized in the head.
3. They occur in neurasthenic individuals. The ear, either from the anatomical or functional point of view, is healthy.

Our personal observations, however, do not absolutely confirm the opinion of Castex.

Case I.—Miss A., 22 years of age, complained of hearing in the left ear the sound of an electrical motor, accompanied by a distant noise. This noise was never perceived in the head, was particularly noticed toward evening and in the silence of the night, lessening or even disappearing in the clamor of the street. Some time later the patient was conscious of the same sound in both ears. The ears were perfectly normal. There was no special defect in audition. The patient suffered from gastro-intestinal trouble and great fatigue without presenting other signs of neurasthenia.

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[1] Translated for The Medical Bulletin from Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie for May 21, 1904.

[2] "Rourdonnements de neurasthéniques," Bulletin de Laryngologie, Juin, 1903.

Case II.—Miss L., 25 years of age, teacher, had for several weeks experienced in both ears metallic tinkling, which occurred irregularly during the day, but was more marked in the evening. These sounds were not localized in the head. There was perfect integrity of the apparatus of hearing and some signs of nervous exhaustion. There was extreme fatigue on wakening, nervousness, and a feeling as if a helmet were upon the head. The sounds rapidly disappeared under the influence of hygiene and the bromides.

Case III.—Miss T., 19 years of age, of Tiflis, proprietor, presented herself in a state of alarm because she had been told by an aurist that she would soon become totally deaf. She was attacked, according to the physician, by beginning sclerotic otitis. She complained, in fact, of hearing in both ears sounds like those made by shells. These appeared only toward evening, and were never perceived during the day.

Examination revealed nothing abnormal. The diapason tests indicated entire integrity of audition. Gellé's centripetal pressure test was positive. These facts and, in particular, the character of the sounds, which were only distinguished toward evening and in the silence, caused us to consider them as of neurasthenic origin. The history of the patient confirmed this opinion. The buzzings had begun in consequence of a deep chagrin and coexisted with amenorrhœa, pain in the back, loss of flesh, and the neurasthenic feeling of the helmet.

Case IV.—Mrs. M., 48 years of age, had suffered extremely for eighteen months from a continual whistling, or wheezing, in the left ear only, present all day, but worse at night. The sounds had become so pronounced that they caused insomnia.

This patient, under a placid exterior, concealed a state of nervousness which was aggravated by the noises. She could not sleep and had thoughts of suicide, being haunted by the fear of becoming deaf, having been told by the aurist who had treated her for eighteen months by massage of the tympanum and insufflation of air that the sense of hearing was in danger.

Upon the right side was an adherent cicatrix of the tympanum, immobile to Seegle. This ear, of which the auditive acuity was much diminished, had been the seat in childhood of a chronic purulent otitis media.

Upon the left side the membrana tympani was slightly depressed in its antero-superior and antero-inferior quadrants, but the functional examination showed that this ear was perfectly normal. We advised the patient to suspend the local treatment which she had been having and which she blamed for aggravating the noises, and prescribed bromide.

The patient returned three weeks later, feeling much better as regards the nervousness, but she still heard the sounds. We then had recourse to static electrization of the left ear for ten minutes every day. From the second *séance* the patient experienced marked improvement. At the fourth she declared that it was necessary to listen attentively in order to perceive the whistling, which seemed to be at a distance. At the eighth every subjective sound had ceased. Nine months have now elapsed without return of the trouble.

Case V.—M. P., 32 years of age, had suffered for five months from vertigo, accompanied by nausea and buzzing, the sounds being likened to those of a bell or drum. They were perceived in the head and ears. During attacks of vertigo the sounds redoubled their intensity. They were most troublesome toward evening, diminishing during the day, in the workshop or street. Sleep was bad; in the morning he felt weary when he rose and there was a sensation of emptiness in the head. Sometimes he felt as if his head was inclosed in a cap of steel.

During the last month, after a fit of annoyance, the buzzing, nausea, and vertigo had been so troublesome that the man felt obliged to put himself under treatment.

The auditive acuity was normal. Objective examination revealed no lesion.

Under the influence of rest in bed and the bromides the buzzing, nausea, and vertigo vanished completely in fifteen days.

SUMMARY.

It is proved by these cases that one of the characters assigned by Castex to the buzzings of the neurasthenics—viz.: the localization of the sounds in the head—cannot be considered as pathognomonic. In one case only was the buzzing extra-auricular. In three others they were heard in one or the other ear or in both at the same time. In our last patient they were in the head and the ears.

On the other hand, we have confirmed, in all our patients, the exactitude of the fact pointed out by Castex: the attenuation of the buzzing under the influence of external sounds and their aggravation by silence.

CONCLUSIONS.

We conclude, therefore, that, properly speaking, neurasthenic buzzing presents the following characters:—

1. It is diminished by noise and increased by silence.
2. It is more intense in the evening and night than in the morning.
3. It is localized in the ears and sometimes in the head.
4. It exists in individuals whose ears are anatomically intact.
5. It is generally accompanied by various nervous disturbances and other neurasthenic stigmata.

This species of buzzing, observed particularly in women, is rather frequent, as five cases had come under our observation in less than a year and a half. It is easily recognized if the subjective sounds of which the patient complains have all the features ascribed to them by Castex and the writer and if they cannot be regarded as due to any other organ, as the uterus, kidneys, etc.

The treatment of these buzzing noises depends upon physical and moral hygiene. The bromides are beneficial if there is no concomitant dyspepsia, and static electricity locally applied seemed indicated on account of its calmative action.

Local treatment of the ear by massage or otherwise is irrational and harmful, as demonstrated by the cases herein described.

Abstracts.

Occipital Neuralgia and Rheumatism of the Tendo Achillis in Purulent Rhinopharyngitis.

At a meeting of the Medical Society of the Hospitals M. Henri Claude said that during the course of rhino-pharyngeal infections manifestations of pseudorheumatic nature might be observed, the interpretation of which is sometimes very difficult. In a man, 34 years of age, of habitual good health, appeared signs of muco-purulent catarrh of the rhinopharynx. Local examination showed the existence of a pseudomembranous exudate, and bacteriological examination revealed only the presence of streptococci. This rhinitis lasted more than a month, and shortly after its beginning the patient was attacked by a painful swelling of the tendo Achillis of each side, rebellious to salicylate treatment, without other articular or fibrous localizations and without fever. This fluxion disappeared, and was succeeded by atrocious pain in the occipital region and back of the neck, returning periodically at 2 o'clock in the morning, wakening the patient from his sleep, lasting several hours, and disappearing during the day. Tenderness and points painful to pressure were left. The pain yielded quickly to the influence of quinine and antipyrin in large doses. It reappeared without cause one night, fifteen days later. The pain was due to occipital neuralgia, in relation, as the tendinous fluxion, to the naso-pharyngeal infection, but which might be mistaken for pseudoneuralgia of meningeal origin.—La Tribune Médicale.

Occipital Neuralgia in the Course of an Angina.

At a meeting of the Medical Society of the Hospitals M. Rouget, of Val-de-Grace, related the history of a case of occipital neuralgia in the course of a simple acute catarrhal angina. The patient experienced such excessively sharp pain in the movements of deglutition that he refused to take any nourishment. This pain, radiating into all the right half of the head, differed in intensity and character from that usually occurring in angina. It was due to an exacerbation of the neuralgic pain produced by the passage of liquid foods and pressure upon the nerve as its point of emergence. Objective examination revealed nothing more than diffuse redness at the isthmus of the pharynx with slight traces of albumin in the urine. There was no enlargement of the cervical glands, no lesion of the nose or ear. The relation between the angina and the occipital neuralgia was demonstrated by the ulterior evolution of the disease.—La Tribune Médicale.

Meningeal Symptoms in Mumps.

At a meeting of the Medical Society of the Hospitals M. Chauffard reported the case of a man, 24 years of age, who experienced a benign attack of mumps. The parotitis was unilateral, without fever, the pulse, 60 to 65 at first, was subsequently 70 to 72. In the first twenty-four hours the patient had a rather severe headache and inequality of the pupils. Examination of the encephalo-rachidian fluid was in accord with the clinical symptoms; on the first day there was a medium lymphocytosis, but by the eighth day it had disappeared.—La Tribune Médicale.

Meningeal Symptoms in Influenza.

At a meeting of the Medical Society of the Hospitals MM. Legendre and Eugene Terrien reported the case of a patient attacked by mild meningitis in the course of an influenza, and in whom examination of the encephalo-rachidian fluid alone revealed the participation of the meninges. Furthermore, the leucocytosis was such as to justify the suspicion of tuberculous meningitis, the patient being infected with that disease. The only symptoms were headache and extreme weakness. The ultimate course of the case demonstrated that the meningitis was not tuberculous. These facts possess a very special interest at this time. On the one hand, they prove the reality of slight, attenuated, and curable meningitis. On the other, they lessen the significance, not long ago considered so grave, of leucocytosis. In the presence of a pure lymphocytosis of the encephalo-rachidian fluid it is not necessary to conclude at once that we are dealing with a tuberculous meningitis.—La Tribune Médicale.

Baldness Associated with Other Diseases of the Skin.

At a meeting of the Medical Society of the Hospitals M. H. Verdalle said that the association of baldness and vitiligo is mentioned as frequent by most authors. Some have even, in consequence, argued that the two affections are identical. The association of alopecia and lichen planus, however, has not been noted except by M.

Jacquet in a communication to the Dermatological Society in 1897.

M. Verdalle has observed a very clear case of the coexistence of alopecia and lichen planus, both affections evolving spontaneously in a nervous subject. He compares this case with certain others, published and unpublished. He concludes that the three diseases—alopecia, vitiligo, and lichen planus—may probably all be regarded as of trophoneurotic origin. From the therapeutical point of view this consideration should have a real importance, for in such cases there should be constitutional treatment from the beginning: warm baths, nerve-tonics, and appropriate mineral waters.—La Tribune Médicale.

Subacute Inflammation of the Suprarenal Gland.

At a meeting of the Medical Society of the Hospitals MM. L. Bernard and J. Neitz spoke of the case of a young woman, previously of good health, who was seized, without apparent reason, by rapidly progressive muscular fatigue. In six months she had become profoundly myasthenic, not only incapable of any effort, but even of making any movement. She was almost paralyzed. To this decided asthenia, permanent and progressive, were joined epigastric pain, vomiting (which grew more and more obstinate), absolute anorexia, lowered arterial tension, and a generalized pallor of the integument. There was no pigmentation of the skin. Suddenly the patient died.

At the autopsy all the organs were healthy, particularly the cerebro-spinal and abdominal sympathetic systems. The suprarenal capsules only were profoundly altered. There were spots of considerable atrophy, especially of the cortical substance; the trabeculæ were displaced by dilatation of the capillaries; the cells were swollen, exhibited fatty degeneration and spots of necrosis. The pigment was completely lost. In the medullary substance were lesions difficult to specify, and very marked white-cell infiltration.

The lesions were indicative of an inflammatory, nonspecific affection of the suprarenal glands, constituting the whole malady and capable of producing death on account of suprarenal insufficiency. Its cause could not be learned. The authors supposed it to be of infectious nature by reason of the identity of the lesions observed with those recognized by L. Bernard and Bigart in certain experimental intoxications.

The authors traced the history of inflammation of the suprarenals. The acute forms are congestive, hæmorrhagic, or suppurative. They remain latent or manifest themselves by the signs of acute suprarenal insufficiency of Sergent Bernard. Chronic inflammation must be distinguished from epithelial hyperplasia and sclerous inflammation of the gland. The latter may also remain latent, may give rise only gradually to signs of suprarenal insufficiency, or may cause Addison's disease. On the contrary, hyperplastic inflammation does not produce suprarenal insufficiency. Finally, the case reported by the authors illustrates a third variety, subacute inflammation. This appellation is justified both by its anatomical and clinical characters.

M. Merklen remarked that suprarenal insufficiency recently described might be capable of explaining certain morbid conditions heretofore vaguely diagnosticated, such as neurasthenia, for example.—Le Progrès Médicale.

Sphacelus of the End of the Nose in a Case of Tertiary Syphilis Accompanied by Raynaud's Disease.

MM. F. Balzer and Th. Fouquet describe the case of a syphilitic who, on the day after his entrance into the hospital, was seized by a chill. His nose assumed a violet color; in the afternoon, five or six hours later, a patch of violaceous erythema made its appearance and a phlyctenula formed. The latter became black after several days and was covered by a dry and adherent crust. The patient had no disease of the heart or kidneys, but for a long time disorders of the peripheral circulation characteristic of Raynaud's disease had been observed.

The case might be regarded as one of limited, superficial gangrene caused, in all probability, by Raynaud's disease in a syphilitic. It is difficult to say what part syphilis plays in the production of such lesions.—Revue Hebdomadaire de Laryngologie, etc.

A Case of Uræmia with Deafness.

Dr. Treitel, of Berlin, says that in the standard works blindness is often mentioned as a manifestation of uræmia, but never deafness. Thus, in Eichhorst we read: "The auditory troubles are partly subjective and partly objective. The patients complain of buzzing and tinkling sounds in the ear; they appear to hear musical sounds, bells, the voice; the sense of hearing is increased." In the same way Niemeyer-Seitz speaks only of the preservation of hearing and not of deafness.

The author had the opportunity of examining with a *confrère* a case of total deafness and blindness consecutive to uræmia, due to scarlatinal nephritis.

On October 12, 1902, a child was attacked by scarlatina. On the 26th of the same month there was inflammation of the middle ear on both sides. The ear trouble rapidly receded. On November 7th, for the first time, albumin was found in the urine. On the 9th the child was restless and subsequently became comatose. There were spasms and vomiting. The temperature was 38°, 39° C. (100.4°, 102.2° F.). Pulse, 150.

On November 10th hearing was lost. With this loss amaurosis coincided. The author believed that the deafness was due to the uræmia. On November 15th the auditive acuity returned. On the 16th the sense of sight was partially recovered. On that day the patient could distinguish sounds at a considerable distance.—Revue Hebdomadaire de Laryngologie, etc.

Generalized Scleroderma.

At a meeting of the Medical Society of the Hospitals MM. F. Raymond and L. Alquier spoke of two cases of generalized scleroderma, of chronic and progressive course, occurring in two women. The trouble began at the age of 20 and 21, respectively, with the signs of Raynaud's disease. In one case there was atrophy of the phalanges, with absorption of bone and facial hemiatrophy.

In both cases histological examination showed an extreme generalized sclerosis of all the connective tissue (skin, subcutaneous tissue, muscles, heart, and viscera). There was some diffuse sclerosis of the spinal cord. There was no other lesion of the nerve-centers of the great sympathetic or of the peripheral nerves, which were only altered in spots. The predominant lesion was, in both cases, a vascular and perivascular sclerosis with considerable diminution of the caliber of the blood-vessels. These vascular lesions were generalized and clearly marked, even in those places where the sclerosis was not advanced.—La Tribune Médicale.

Xanthoma Without Jaundice.

At a meeting of the Biological Society MM. Gilbert and Lereboullet said that the occurrence of xanthoma raised a suspicion of cholæmia. The color of xanthoma superimposes itself upon the yellow hue of the skin habitual in acholuric icterus. They cited the case of a woman who had had for fifteen years xanthoma of both eyelids and who had never had jaundice. She belonged, however, to a cholæmic family, and had experienced some secondary symptoms of that condition (bilious flux, dyspeptic trouble, constipation, hæmorrhoids). She was of bilious complexion and darkly tinted around the eyes, had pigmented spots upon the body, urobilin in the urine, and cholæmic serum. The bilirubin of the serum was 1 to 15,000. This was, therefore, a case of xanthoma with icterus. The same association exists in all the cases reported, even the diabetic. Xanthoma is always linked to jaundice, sometimes of the cholæmic variety, sometimes to the acholuric. These relations of xanthoma to familial cholæmia help us to understand its etiological peculiarities, its much greater frequency among Hebrews and those having biliary trouble, its hereditary and familial character, and its relations to diabetes.—Le Progrès Médical.

Effect of the Cure of Suppurative Otitis upon Certain Concomitant Mental Affections.

At a meeting of the French Society of Otology and Laryngology, M. Toubert, of Paris, called attention to the happy influence exercised in some cases of mental disease by the cure of suppurative otitis. Since the work of Albert Robin, twenty years ago, few contributions have been made to the study of what that author called the mental complications of diseases of the ear, mastoid process, and petrous portion of the temporal bone. The speaker had attempted to collect and group the cases published. They number eleven, of which nine had been previously reported; two were unpublished and personal. They are as follows:—

BOUCHET.—Two cases of acute delirium. Cure of the mental troubles and otitis at the same time.

MÉNIÈRE.—Chronic otitis. Acute intermittent delirium. Amelioration of the otitis and diminution of the attacks.

W. RHYSS WILLIAMS.—Chronic otitis. Acute mastoiditis. Spontaneous trepanation. Cure mental and auricular.

BROWN-SÉQUARD AND ELMYRA.—Symptoms of general paralysis. Mastoiditis. Cure of both.

CATLETT.—Acute delirium for a month. Otitis. Both cured.

BALL.—Chronic otitis. Mental alienation. Both cured.

RÉGIS.—Chronic otitis. Hypochondria. Both cured.

BROWN. — Insanity for seven years. Chronic otitis accidentally discovered. Cure of both.

Both of the author's cases concerned insane patients of Sainte-Anne attacked by otorrhœa, in whom M. Picqué, surgeon in chief of the Asylums of the Seine, indorsed the otological treatment. Stack's operation was performed. The otorrhœa and the mental troubles were both cured.

The author's explanation of these cures is as follows: A focus of suppurative otitis constitutes for the brain, especially in a predisposed patient, a permanent source of irritation by the reflex route. On the other hand, this same inflammatory focus may occasion circulatory troubles of the vicinity or throw into the circulation products noxious to the nervous system. This theory is, for the most part, analogous to that accepted by many alienists regarding hallucinations (psychosensorial theory) and may be held at least provisionally and until replaced by a better. Whatever the mechanism of the cure, the fact is indisputable.

The conclusions to be drawn from the cases which the author had collected and which he had witnessed is that in a proportion impossible to determine, but which, at all events, is not to be denied, the cure of the otitis in certain insane subjects is followed by cure of the mental disorder. Chronic suppurative otitis being in itself a malady capable of placing life in danger, there is no reason why we should not treat the ear of an insane patient by evacuation of the petrous and mastoid cavities, if indicated. To obtain a simple cure would itself be a good fortune, but to secure a double cure is an ideal result and not impossible. For this reason the author believes that it is useful to publish all the cases of the kind which he could collect in order to bring them to the notice of aurists and alienists.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Coryza Neonatorum.

Comby directs that crusts should be removed two or three times daily and the baby's face held over a jug containing hot water, into which 2 teaspoonfuls of camphorated alcohol, *eau de Cologne*, or tincture of benzoin have been dropped. Inhalations of fresh tincture of iodine give relief. The following may be used:—

℞ Carbolic acid,
Ammonia-water, of each, 1 gramme.
Water,
Alcohol, of each, 15 grammes.

M. Cause inhalation of a few drops poured on a handkerchief. — Cincinnati Lancet-Clinic.

Acute Bronchitis.

℞ Ammon. carb.,
Pot. iodidi, of each, gr. iij.
Sol. ammon. acetat., ʒij.
Aq. camphoræ, ℥j.

M. Sig.: The entire amount to be taken once in four hours.

In aged individuals there is frequently a tendency to heart-failure, so that alcohol or strychnine may be in demand or the following mixture may be of service in such cases:—

℞ Spts. ætheris sulph.,
Spts. ammon. arom., of each, gtt. xv.
Syr. aurantii, ʒss.
Aq. camphoræ, ℥j.

M. Sig.: One such dose every four hours.

If necessary a few drops of the tincture of digitalis may be added to the foregoing combination.

During convalescence, after the cough has loosened up, these stimulating expectorants may be discontinued, and in their stead an acid tonic may be given, such as the following:—

℞ Acidi nitrici dil., gtt. x.
Tinct. nucis vom., gtt. v.
Spts. chloroformi, gtt. x.
Infus. gent. co., ℥j.

M. Sig.: One such dose to be taken after each meal. Or:—

℞ Tinct. cinchonæ, *m*xx.
Acidi nitrici dil., *m*x.
Syr. aurantii, ʒj.
Aq. chloroformi, ℥j.

M. Sig.: One such dose after each meal.

In some cases quinine is indicated; in others some preparation of iron. In children a compound syrup of the phosphate of iron is useful. Malt extract and cod-liver-oil are also of service.

In debilitated individuals, when the earlier stages are not encountered, the following is recommended:—

℞ Ammon. carb., gr. xl.
Vini ipecac., *m*xl.
Tinct. cinchonæ, ʒiv.
Aquæ chloroformi, q. s. ad ℥viij.

M. et ft. mistura.

Sig.: Two tablespoonfuls every four hours.—Journal of the American Medical Association.

A Nonoperative Treatment of Fissure of the Anus.

In cases of anal fissure in which severer measures are declined by the patient it may be well to try a method of treatment recommended by Katzenstein (Berliner klinische Wochenschrift), who seeks to soothe the nerve-endings and do away with spasm of the sphincter with the aid of the following mixture:—

℞ Extract of belladonna, $7^{1}/_{2}$ grains.
Cocaine hydrochloride, $^{1}/_{20}$ grain.
Ammonium sulphichthyolate, enough to make $1^{1}/_{2}$ drachms.—M.

This is warmed and applied by means of an applicator wrapped with cotton once or twice a day for a week or two; then sitz baths are used and the bowels carefully regulated.—New York and Philadelphia Medical Journal.

Hæmorrhoids.

The following formulæ, among others, are cited by the Journal of the American Medical Association:—

℞ Menthol, gr. xv.
Cocainæ, gr. xxx.
Ext. secal. cornut. fl.,
Ext. hamamel. Virg. fl., of each, ℥ss.

M. Sig.: Apply locally. Or:—

℞ Alumini, gr. lxxv.
Liq. plumbi subacet., gr. xv.
Olei olivæ, ʒss.
Lanolini, ℥iss.

M. Ft. unguentum.

Sig.: To be applied locally night and morning after thoroughly cleansing the affected areas.

A Formula for Epilepsy.

Dr. U. Alessi recommends the following formula in epilepsy:—

℞ Sodium arsenate, gr. $^{1}/_{64}$.
Zinc phosphide, gr. $^{1}/_{12}$.
Calcium phosphate, gr. $i^{1}/_{4}$.
Sodium benzoate,
Pancreatin, of each, gr. iij.

This dose to be given from one to three times daily before meals.

The author says that the arsenic and zinc are nerve-tonics, the latter being also a nerve-sedative. The calcium phosphate reduces cerebral excitability. The pancreatin and sodium benzoate aid digestion and overcome intestinal fermentation, the latter being also combated by an occasional dose of rhubarb. In the four cases he reports, material improvement following this method of treatment.—Medical Summary.

Hyperchlorhydria.

The mechanical difficulty some patients experience in taking magnesia, bismuth, or charcoal in the powder form is appreciated by R. M. Harbin, of Rome, Ga., who recommends the following serviceable mixture in the treatment of hyperchlorhydria:—

℞ Strontii bromidi, ʒiss.
Carbo ligni, ʒj.
Bismuthi subnit., ʒiv.
Lactis magnesiæ, ℥iij.
Aq. menth. pip., q. s. ad ℥vj.

M. Sig.: Shake and take one tablespoonful one hour after meals.

If an antiferment is indicated the mild chloride of mercury should be given in divided doses.—Journal of the American Medical Association.

Gout.

As a local application Dr. Thomas E. Satterthwaite recommends in the Postgraduate:—

℞ Guaiacol, ℥ss.
Oil of wintergreen, ℥ss.
Olive-oil, ℥ij.—M.

Guaiacol is readily absorbed by the skin and is said to reduce the temperature.

A more elegant mixture, however, is:—

℞ Menthol, ℥j.
Alcohol, ℥iv.
Glycerin, ℥j.
Cherry-laurel water, ℥j.—M.

Zinc Peroxide in Surgery.

At a meeting of the (French) Surgical Society M. Chaput called attention to zinc peroxide, which is neither toxic nor caustic, sterilizable by heat, and on contact with water liberates oxygen slowly and progressively. It is capable of rendering service in infected wounds, ulcers, burns, etc.

Tonsillitis.

Dr. J. Scott Brown in acute cases administers calomel in broken doses until the desired effect is produced, after which a tablet containing the following ingredients is administered:—

℞ Tinct. aconiti rad., gtt. $^1/_5$.
Tinct. bryoniæ,
Tinct. belladonnæ, of each, gtt. $^1/_{10}$.
Hydrarg. iodidi rubri, gr. $^1/_{100}$.

M. et ft. tabla no. j.
Sig.: One such tablet every hour to an adult until eight are given.

Alternating with the foregoing quinine is given in 1-grain doses for eight doses.

As a spray the following is recommended by the author:—

℞ Formalin (40 per cent.), *m*iij.
Glycerini, ʒij.
Aquæ, q. s. ad ℥j.

M. Sig.: As a spray three times a day. And:—

℞ Formalin, gtt. iij.
Glycerini, ʒvj.

M. et adde:—

Tinct. iodi, gtt xx.

M. et adde:—

Alcoholis, ʒiv.
Aquæ, q. s. ad ℥iv.

M. Sig.: To be used as a spray following immediately the first spray.—Journal of the American Medical Association.

Diarrhœa.

A Russian physician, Dr. V. N. Vorontzov, is cited as having found the juice of unripe bitter oranges of great value in diarrhœa. He prepared a tincture by macerating the oranges for several days in brandy until the liquid resembled a strong infusion of tea. The maceration should not be prolonged beyond this stage. For adults the dose is a wineglassful, four times daily; for children, 10 to 15 drops suffice. The tincture gives an agreeable sensation of warmth, pain is soothed, and exaggerated peristalsis and borborygmi cease. Anorexia, meteorism, and abdominal tension cease completely in the course of a week.—New York and Philadelphia Medical Journal.

Neuralgia.

℞ Potassii iodidi, ʒiv.
Saloli, ʒij.

M. et ft. tabellæ compressæ no. xxiv.
Sig.: One tablet after each meal.

Indication: In rheumatic subjects.—The Prescription.

Camphor as a Valuable Adjuvant in Tuberculosis.

For five years Koch has been making systematic use of camphor in pulmonary tuberculosis. At first he gave it in subcutaneous injections of 1 gramme of camphorated oil daily for four days with ten-day intervals. His results were extremely satisfactory, but the injection method has its drawbacks, so he gives the camphor now in inunctions. He makes a salve with about 0.4 gramme of camphor in the amount rubbed in at one time. He uses percutilan as a vehicle, a new substance which he says "actually slips through the skin." A little balsam of Peru is added and eucalyptus and rosemary oil. These inunctions are made by the patient on five successive days and then a ten-day pause. The amount of sputum increases remarkably by the second day and then expectoration almost ceases, while the other symptoms are correspondingly improved. Equally favorable results were observed in emphysema and bronchitis.—Journal of the American Medical Association.

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THE DUCTLESS GLANDS IN THERAPEUTICS.

THE demonstration that the ductless glands have important functions and the study of the nature of those functions have greatly widened our conceptions of physiology and pathology. A long series of researches, experimental and clinical, have led to the belief that, in addition to the purely scientific interest of recently discovered facts, they are destined to have a conspicuous place in therapeutics. Herein lies their paramount significance to the practitioner of medicine. Much has already been accomplished in the way of the direct application of the new doctrines to the cure of disease. It is rational to infer that, as knowledge of the ductless glands and their secretions increases, their sphere of influence as remedial agents will be widely expanded. All branches of medicine go hand in hand. For a long period of its history men necessarily depended upon empirical observation in clinical and therapeutic work. Many useful methods, originated during that period, are still retained and will continue to be practiced until the progress of discovery shall have placed in our hands more effective methods. Nevertheless, the scientific side of medicine is not content to rest simply in the realm of empiricism. We seek an explanation of observed facts, based upon exact scientific experiment, corroborated by test experiments, fortified and completed finally by clinical demonstration.

Certain severe and fatal diseases are dependent upon disturbed function of the thyroid and suprarenal glands. In the treatment of these affections beneficial results have attended the utilization of those glands, taken from healthy animals, or the active principles when they have been isolated.

It was found that grafting a healthy thyroid gland upon the body of one afflicted with myxœdema produced a rapid and decided improvement. It was subsequently discovered that equally effective results followed the simpler method of injecting an extract of the gland or even by partaking of the substance, lightly cooked, as a food. The value of suprarenal gland or adrenalin in checking hæmorrhage and reducing acute inflammatory swelling of mucous membranes is remarkable. This glandular substance or extract is a permanent and valuable addition to our armamentarium. It is surmised that the same plan of treatment may be of service in Addison's disease, and in some cases this hope has seemed to be at least partially realized.

If the use of ductless glands in therapeutics had accomplished no other results we should be obliged to welcome the new methods as a powerful addition to our resources.

Highly successful as they have been, they are equally suggestive. An extract of the pituitary gland has given some encouraging results in acromegaly. From all that has occurred we cannot resist the feeling that further study of the functions of these bodies will reveal that their range of utility is much more extended than has been heretofore supposed.

Our readers will remember that in the early part of last year there was published a remarkable work detailing all that had been discovered in reference to the functions of the ductless glands and the nature of their secretions.[1] The author, Dr.

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[1] "The Internal Secretions and the Principles of Medicine," by Charles E. de M. Sajous, M.D. Volume i. With 42 illustrations. Philadelphia: F. A. Davis Company, 1903.

Sajous, has devoted all his available time for many years to the study of this most important subject. He has woven into a coherent system the many threads which have been produced by physiological and chemical research. He has traced an active functional relationship between the adrenals, thyroid, and pituitary bodies. We are compelled to admit that these structures perform necessary services to nutrition, since when they are disordered the most serious deterioration of the general health is the inevitable result. Dr. Sajous has stated elaborately the premises upon which he founds his far-reaching conclusions. The phenomena of the circulation and respiration, the oxygenation of tissues, and the action of the nervous system are discussed in relation to the functions of the ductless glands. In a second volume the author proposes to indicate the influence of these organs upon the action of drugs and the treatment of disease.

In a paper prepared for the Section of Materia Medica, Pharmacy, and Therapeutics of the American Medical Association, Dr. Sajous has outlined the application of his principles to the treatment of epilepsy, puerperal eclampsia, hydrophobia, and tetanus. This possibility resides in the power, as ascertained by several investigators, of the adrenals, the pituitary body, and the thyroid to destroy toxic waste-products. Such an ability implies a highly serviceable protective influence upon the organism. To the pituitary body is attributed the property of detecting toxic agents in the blood and of arousing the system in its own defense. These views lead us directly to the bearing of the functions of the ductless glands upon convulsive diseases. It has been experimentally shown that stimulation of the pituitary body causes convulsions. From a study of the evidence Dr. Sajous suggests that convulsions are due to two causes: the presence of poisonous substances in the blood and an exaggerated manifestation of the normal function of the pituitary body. When acting under normal conditions it is believed that that organ has a protective influence against convulsive seizures. The spasms are an accompaniment of reduced oxidation of tissues. Diminution of oxygen allows the accumulation of waste-matter in the blood. This waste is poison to the nervous system.

Next follows the practical application of these views. The administration of thyroid extract or iodothyrin raises oxygenation to its normal standard, and is, therefore, a suitable remedy to be employed in diseases attended by spasm. Oxidation being stimulated, the waste and poisonous matters are converted into harmless substances and eliminated. This protective influence of a product of the ductless glands applies equally, in the author's opinion, to accumulated toxic substances or to a specific poison such as is elaborated by a micro-organism. The author quotes Nicholson, who obtained excellent results in puerperal eclampsia from the administration in pure milk of $7^1/_2$ grains of thyroid extract every three or four hours.

At this point therapeutists are brought face to face with the practical application of this course of reasoning and study. In the wake of laboratory experiments the time has now arrived for clinical experiments. The everyday practitioner of medicine does not possess the time and, as a rule, he has not had the training to do original laboratory work. It must be remembered, likewise, that it is not merely the performance of experiments in the laboratory that is of service in advancing science. The chief gain undoubtedly consists in the correct interpretation of these experiments. This happy facility in deducing the meaning of facts observed is what gave such permanent importance to the work of Charles Bell, Marshall Hall, Claude Bernard, and Brown-Séquard. In such questions the average physician must depend upon the leading authorities of chemistry and physiology. Within his proper sphere, however, he has an equally important work to do. By his observation at the bedside he can put to the test theories or suggestions based upon purely scientific work. Medicine has developed in some very unexpected ways during the last two or three decades.

The subject of internal secretions, as far as yet known, has already shown us some surprising revelations in therapeutic possibilities. It is reasonable to suppose that as knowledge advances we shall recognize more fully the potentialities of treatment by means of ductless glands, their extracts and secretions.

In order to further this movement we should be pleased to open the columns of THE MEDICAL BULLETIN to subscribers, contributors, and members of the profession to the discussion of these important topics. While the solid basis of success and advance must be pure science, yet applied science in therapeutics is, after all, what chiefly concerns the general practitioner, and not only that useful and hard-worked individual, but also, and particularly, his patients. Short, practical communications upon the efficacy of the ductless glands in therapeutics, and especially of the adrenal system as outlined by Dr. Sajous, may have a large share in determining the exact position which they shall occupy in the treatment of disease. This is the goal toward which the practitioner's eyes are ever eagerly directed. Everything, to his conception, converges to that end. The discoveries of science interest him chiefly in proportion to their usefulness in alleviating the miseries of mankind.

PURE WATER IN PHILADELPHIA.

THERE was a time when school children were taught by their elementary books that Philadelphia was noted "for its clean streets and pure water." Our streets are still fairly well cleaned, although we take exception to the manner in which the service is performed. As regards the water, however, our reputation is quite reversed. We have far outgrown our source of supply. The present system of waterworks is entirely inadequate to purify the fluid drawn from the Schuylkill River. Philadelphia has grown immensely in population. It has spread out over an enormous area. Measures are now under way for the provision of filtered water for the general public, but this work should long ago have been initiated. Factories are crowding the banks of the Schuylkill for many miles in and above Philadelphia, and that stream has not enough space in which to purify itself by natural methods.

These are the principal causes why the citizens of Philadelphia are now suffering from muddy and contaminated water. In the meantime, and until proper public works shall be completed, we are obliged to have recourse to numerous expedients. Boiling the water is within the power of every householder. This process renders the water more fit for drinking, but is open to the objection that it makes the fluid flat and tasteless. The use of household filters is very common. These are comparatively inexpensive, yet it must be admitted that many of the poor find their cost a burden. There is distilled water which is prepared and sold by the druggists and water brought from mineral springs in the neighborhood or from a distance. There is also a variety of table waters which can be purchased by those who have the means.

Among many other features of distinctive municipal life Philadelphia possesses one of the most justly celebrated parks in the world. It is our pride that this park is a lovely piece of Nature included within the bounds of a rapidly growing city. It is not a place artificially made and decorated. From innumerable spots upon the river's bank or the hills which surround it one may gaze upon such scenes as poets have loved to describe. The trees are abundant and represent the virgin forest which adorned the hills before Philadelphia was founded. These great natural advantages are appreciated by the people, whose free pleasure garden is the park. Parks have been called the lungs of a city, and in that respect Philadelphia is well provided. Picnics and pleasure parties to the park have much to do with preserving the health of those whose means do not allow an extended summer holiday outside the city. The park, however, at our doors, so to speak, is as truly rustic as any spot hundreds of miles away from Philadelphia.

Among its many attractions it furnishes us with an inexhaustible supply of the purest water. Throughout its extent upon both sides of the river are numerous springs whose water is as clear as crystal. These springs are situated at no great distance from each other, and are easily accessible. In them we have a source of uncontaminated water which cannot be excelled. Now is the time, when the public system of waterworks is no longer of any good, to avail ourselves of the gift of Nature. The pure fluid is there in abundance. All that is needed is the time and trouble to carry it home. The temperature of this water, as it issues from the spring, is cool and refreshing, and much more healthy than the ice-cold fluids so largely consumed.

Many families have learned to appreciate the value of these springs. Especially at times when heavy and continued rains have brought down large quantities of mud and coal dust from the mountains we may see long lines of men, women, and children with receptacles of all kinds and dimensions on their way to or from the springs. These people are their own waterpipes. They are independent of the city of Philadelphia. When the Schuylkill is as turbid as yellow Tiber the liquid which gushes from the rocks is as limpid as crystal.

Witnessing these scences of the water carriers the thought has crossed our mind, why is not this admirable supply of pure water more universally utilized? There must be a large area in proximity to the park which draws its water-supply, at least partially, from this source. Those who live adjacent are fully aware of the advantages which they enjoy. It is like sending the children to the spring in the country. Those whose homes are more distant from the springs might, nevertheless, devise inexpensive means of supplying themselves with most excellent drinking-water. In such ways a large proportion of the city's inhabitants might be freed from dependence upon the miserable, dirty fluid distributed by the city.

Another source of pure water in Philadelphia is the artesian wells which, in numerous places, have been sunk by manufacturing establishments and which are generally thrown free to the public. After storms these are also freely patronized by the denizens of the neighborhoods in which they are situated. The same spectacle is exhibited as in the park, lines of people going to or from the well with all sorts of receptacles. The courtesy of the owners of the wells renders the neighborhood their debtor.

Such are the expedients by which the inhabitants of this city may provide themselves with water fit to drink until such time as the municipality has completed its works and is able to supply an abundance of pure fluid. The condition in which we find ourselves should long ago have been foreseen and due provision have been made against its occurrence. Farseeing men did, indeed, anticipate its arrival, but were unable to take the steps necessary to prevent its approach. Accordingly, we of the present day must boil, filter, distill, carry, or purchase our drinking-water.

American Medical Editors' Association.—At the meeting June 7th the following officers were elected: Dr. Harold N. Moyer, Chicago, president. Drs. James Evelyn Pilcher, Carlisle, Pa.; and Otho F. Ball, St. Louis, vice-presidents. Dr. Joseph McDonald, Jr., New York City, secretary.

Consultation Department.

Œsophageal Spasm.

Dr. T. K. writes about a man, 50 years of age, who has been greatly annoyed for five months by a speedy rejection of whatever food, either liquid or solid, he partakes. He feels a painful constriction in the neck. Often the food is ejected immediately. The man is extremely constipated.

The constriction and eructation of food so soon after eating point to spasmodic stricture of the œsophagus, due to chronic indigestion. I would feed him on buttermilk, as he finds that is generally retained, regulate his bowels, and give him an antispasmodic mixture. A good pill would be:—

℞ Podophyllotoxini, gr. $^1/_{10}$.
Aloini, gr. $^1/_{10}$.
Extracti belladonnæ, gr. $^1/_{12}$.
Strychninæ sulphatis, gr. $^1/_{60}$.

M. et ft. in pil. no. j. Mitte tales no. xx.

Sig.: One pill every night at bedtime.

A mixture might be composed as follows:—

℞ Spiritus ætheris comp.,
Spiritus lavandulæ, of each, ℥ij.

M. Sig.: Teaspoonful in water three or four times a day.

Fatty Heart.

Dr. D. E. wishes to know what to do in the case of an old man of 70, who was always well and strong until a year ago, when he began to experience some difficulty in breathing. This trouble has grown worse and occurs particularly if he starts to walk soon after eating a meal. He does not suffer from palpitation, but sometimes has precordial pain. He cannot walk far without becoming breathless. His appetite is good and digestion fair; there is slight flatulence. He is habitually constipated, but has no urinary trouble as far as he is aware. The superficial cardiac area is not enlarged; the apex-beat is found in its normal position; there is no murmur, but the normal sounds are faint.

This is a concise description of a case of fatty heart, incidental to the man's age. In the way of management the most important matter is that the patient should not attempt much bodily exertion and should avoid any species of excitement. He has been a robust man, accustomed to hard work out of doors, so it is stated, and with proper precautions he may live for several years. It would be well for the patient to refrain from the use of tobacco and alcoholic drinks. He should not eat too heartily. Medicinally I should give him for the present:—

℞ Quininæ sulphatis, gr. xlviij.
Strychninæ sulphatis, gr. ss.
Pulv. digitalis, gr. xxiv.
Extract. belladonnæ, gr. ij.
Ol. piper. nigr., ♏xij.

M. et ft. in pil. no. xxiv.

Sig.: One pill three times a day.

When these pills have all been taken I would perhaps omit the digitalis and strychnine. At all events, I should guide my conduct according to the condition of the patient. The pulse is said to be rapid and intermittent. If it becomes steady and less rapid the digitalis can be omitted from the combination. Strychnine is often useful in such cases, but if given too long or in too large doses it may make the patient wakeful and nervous and in this manner counteract its good effects.

Hypochondria.

Dr. I. D. S. inquires concerning a man, 45 years of age, large, strong, and hitherto active, who had generally been in the possession of good health until five or six months ago, when a number of rupial ulcers occurred upon different parts of the body. He was confined to the house for several weeks. When he first went out he felt peculiar sensations in the barber-shop and thought that an indescribable something passed from the barber's fingers into his head. He became pale and nervous, and from thenceforward has been the victim of numerous nervous manifestations. He complains of pain in various parts of the head. He has also smarting and crawling sensations referred to the head and face. He says that sometimes his whole head is swollen, "as if it would burst." His upper lip is numb and he has pain along the spine. He has been very much troubled by insomnia; is afraid to be alone or to walk the street alone. His appetite has continued good, but he has indigestion, accompanied by much flatulence, and is constipated. When his digestion is especially disordered the nervous manifestations are aggravated. The man has had all sorts of treatment, both by drugs and other means, such as massage and electricity. He broods constantly over his condition. He thinks of nothing but himself and his case. From having been an active business man he has become a mopy, disconsolate individual, who scarcely makes a pretense of going to his office. When at times his attention has been drawn away from himself to some business matter his judgment is as good as ever.

This man is a hypochondriac. I do not think that the hypochondria is closely dependent upon syphilis. The most effective management of such a case must be by moral means. You may give him medicine for his digestive disorder, for the state of his blood or nervous system, for his syphilis if it is active; but above everything else you must dominate your patient. Do not allow him to betray you into any assent to his delusions. If you do you will find him after a while dictating his own treatment. Try to get his mind away from himself. Such cases are a severe tax to the patience of the physician. Change of scene is often of more avail than doses of medicine.

Hysteria.

A few weeks ago a young woman consulted a spiritualist fortune-teller, who greatly impressed her by some apparent revelations. Not long afterward she was mesmerized. The next day she was very nervous and agitated. In a few days she consulted a magnetic physician. She has lost flesh, and her face wears an anxious expression. Her temper has become irritable. One side of her lip is drawn downward.

This is a phase of hysteria. Girls of a neurotic temperament are very apt to become the prey of fortune-tellers and charlatans. She should be removed at once and totally from such evil influences. If not she is likely to be ruined as far as a useful life is concerned. This is another case in which travel—change of scene—would be of service. Let her nervous equipoise be restored by such natural agencies rather than by drugs. For want of judicious control many a young girl becomes a wreck. She is said to be visiting friends. Let this particular visit come to an end. Caution her parents. Like the preceding patient, she needs the application of moral force and will-power.

Rubella.

Dr. T. sends a description of a case with particular reference to diagnosis. A young woman, 22 years of age, felt entirely well until one afternon, when she had some vague feelings of malaise, but kept about her work. She slept well during the night. Getting up in the morning, she went about her work as usual until noon, when she became so weary that she was obliged to go to bed. About this time a rash on the face began to attract attention. It developed rapidly within a few hours. It resembled measles very much, although not accompanied by as much swelling of the face as measles. It was a macular rash, of a pink color, in small, oval spots. She was not very ill. The temperature was 100°

F.; there was no appetite, and the tongue was slightly coated with a whitish fur. There was no sickness of the stomach. The patient had a dull headache. She had had some sneezing the preceding day and there was a slight coryza. There had been slight lacrymation also, but the eyeballs were not suffused. There was no sore throat. The submaxillary glands were moderately swollen in front of the sternomastoid. The patient had an attack of measles ten years previously.

This is an excellent example of what the Germans call roetheln, which in this country is often called German measles and sometimes French measles. All these names indicate that the affection bears a resemblance to measles. The eruption is not as large, however, as that of measles, nor does it present the same crescentic arrangement. In measles, coryza and bronchitis are well marked and the patient has ailed four days before the outbreak of the rash.

Roetheln is a mild disease and needs little treatment except rest in bed, light diet, and a saline for the bowels; potassium bitartrate answers a good purpose. Sweet spirit of niter and potassium citrate may be given for the fever.

Medical News and Miscellany.

National Association for the Study and Prevention of Tuberculosis. — This body was formally organized at Atlantic City, June 6th, with the following officers: President, Dr. E. L. Trudeau, Saranac Lake, N. Y.; secretary, Dr. E. Jacobs, Baltimore.

American Medico-psychological Association.—This association met in St. Louis, May 30th to June 2d, and elected officers as follows: Dr. E. A. Burgess, Montreal, Canada, president; Dr. C. B. Burr, Flint, Mich., vice-president; Dr. C. A. Dent, New York, secretary and treasurer. A committee was appointed to formulate rules for expert witnesses in criminal cases in which the question of sanity is raised. San Antonio, Texas, was selected as the meeting place for 1905.

American Medical Association. — The following officers were elected for the ensuing year: President, Lewis S. McMurtry, Louisville, Ky. Vice-presidents, Edward Jackson, Denver; James Hall Bell, San Antonio, Texas; F. C. Shattuck, Boston; B. C. Pennington, Atlantic City. Secretary, George H. Simmons, Chicago. Treasurer, Frank Billings, Chicago. Trustees, T. J. Happel, Trenton, Tenn.; W. W. Grant, Denver; Philip Marvel, Atlantic City. Place of meeting, Portland, Oregon. Oration on Medicine, Charles G. Stockton, Buffalo, N. Y. Oration on Surgery, John Collins Warren, Boston. Oration on State Medicine, George Blumer, San Francisco.

Pennsylvania Hospital.—Dr. James P. Hutchinson was elected, on May 30th, to the place on the surgical staff of the Pennsylvania Hospital made vacant by the recent death of Dr. William Barton Hopkins.

German Hospital, Buffalo, N. Y.—The election of the staff of the German Hospital resulted as follows: President, Dr. Charles H. W. Auel; vice-president, Dr. Marcello Hartwig, and secretary, Dr. Frederick Zingsheim.

Infantile Scurvy in France.—In view of the widespread use of sterilized milk in France in the artificial feeding of infants, this subject is of peculiar interest. It is generally conceded that prolonged sterilization of milk is an important factor in the production of this condition. Rochon has collected the published cases of scurvy in France. It appears that the number of cases is on the increase of late. Boys are affected somewhat more often than girls. The symptoms appear between the ages of 6 months and 2 years. Breast-feeding and feeding of raw milk were not causal factors in any of the 43 cases collected. On the other hand, the influence of sterilized milk is clearly established. Of the 43 cases cited, 25 had been fed on sterilized milk. Prolonged sterilization certainly diminishes the soluble phosphates and the citric acid, and destroys the ferments of the milk. The principal symptoms are: Anæmia, pain and weakness of the extremities, lesions of the gums, and subperiosteal hæmatomata. In about a fourth of the cases the symptoms are limited to pseudoparalysis, with pain. Scurvy may coincide with rickets (in 16 out of the 43 cases), although it is not a form of the latter. Prophylaxis would consist, *inter alias,* in pasteurizing milk instead of sterilizing it.—Interstate Medical Journal.

Artificial Circulation to Prevent Gangrene.—Isambert was able to avert gangrene after ligature of the femoral artery on account of a traumatism. His prophylactic measure aimed to induce artificially a circulation through the parts by alternately expelling the blood and allowing it to rush back. He wound an elastic constricting bandage around the leg, and then removed it, repeating this procedure four or five times during the twenty-four hours. After each application the blood flowed into the limb much more copiously than before, showing that the paralytic vasodilation caused a greater influx of blood than was possible before. He thinks that this mode of influencing the circulation has a wide scope of usefulness.—Journal of the American Medical Association.

American Academy of Railway Surgeons.—The following are the officers of the consolidated organization—the American Academy of Railway Surgeons: President, Dr. John E. Owens, Chicago. Vice-presidents, Drs. Richard W. Corwin, Pueblo, Col.; George D. Ladd, Milwaukee, Wis.; and Henry C. Fairbrother, East St. Louis, Ill. Treasurer, Dr. Thomas B. Lacey, Council Bluffs, Iowa. Secretary, Dr. Henry B. Jennings, Council Bluffs, Iowa. Editor, Dr. Louis J. Mitchell, Chicago. Executive Board: Drs. David S. Fairchild, Des Moines, Iowa, and Albert I. Bouffleur, Chicago, three-year term; Drs. Samuel C. Plummer, Chicago, and Arthur L. Wright, Carroll, Iowa, two-year term; and Drs. William S. Hoy, Wellston, Ohio, and Joseph R. Hollowbush, Rock Island, Ill., one-year term.

Tardy Complications of Slight Injuries of the Eye. — Dransart reported several cases of very serious lesions consecutive to slight contusions of the eyeball. The most insignificant traumatism may be followed by cataract, detachment of the retina, amblyopia without objective lesions, or atrophy of the optic nerve. Consequently the prognosis of contusions of the eyeball should be extremely guarded.—Journal of the American Medical Association.

American Proctologic Society. — At the annual meeting at Atlantic City the following officers were elected: President, Dr. J. Rawson Pennington, Chicago; vice-president, Dr. Lewis Hadlock, Philadelphia; secretary and treasurer, Dr. A. B. Cook, Nashville, Tenn.

Dr. S. A. Knopf. — Dr. S. A. Knopf's essay, "Tuberculosis as a Disease of the Masses and How to Combat It," which received the Berlin Tuberculosis Congress prize in 1899, has now been translated into Japanese by Dr. Goro-Shibayama, with a preface by Prof. S. Kitasato.

Fevers of Unknown Origin. — Bozzolo discusses the fevers induced by the toxins of bacteria lurking ignored somewhere in the system. In a case described a high fever of sudden onset with chills, enlarged spleen, and considerable anæmia and albuminuria was not influenced by quinine nor mercury. No bacteria could be found in the blood, but the necropsy revealed an ulcerative endocarditis at the right auriculo-ventricular opening. The slight systolic souffle noted at the apex during life had been interpreted as due to the anæmia and fever, there being no signs of mitral or tricuspid incompetency. The first symptoms had been noted in September and the patient succumbed in the following February. Another class of cases are those of what he calls the precancer fever. It differs from the fever observed during the course of a recognized cancer, as the latter is generally due to mixed infection. A number of Italian clinicians have observed cases of a slight protracted fever in old syphilitics, probably due to the localization of the process in some deep, inaccessible organ. Mya has noticed that the children of syphilitic parents are particularly prone to fever on trivial causes. The irregularity of nervous or hysterical fevers is their most striking characteristic. Another group of fevers includes the cases of septicæmia without localization or with tardy localization. The same germs may induce lesions in various organs or may induce a general infection without localizations, although the blood may be swarming with bacteria. Their products may cause more serious damage to organs and tissues than the presence of the bacteria themselves. This is especially true of the tetragenus, staphylococcus, streptococcus, and gonococcus, but is less liable with the proteus and still less with the colon group. —Journal of the American Medical Association.

American Climatological Association.—The thirty-eighth annual meeting of this association was held in Philadelphia. The following officers were elected: President, Dr. W. F. R. Philips, Weather Bureau, Washington, D. C.; vice-presidents, Drs. S. G. Bonney, Denver, and S. D. Risley, Philadelphia; secretary and treasurer, Dr. Guy Hinsdale, Hot Springs, Va.

Torsion of Great Omentum.—The diagnosis of torsion of the great omentum is suggested when an old and always easily reduced hernia suddenly becomes irreducible, especially when this occurs after exertion and is followed by pains in the lower abdomen on the same side, and palpation reveals a hard, circumscribed, and painful tumor out of which the pedicle of the hernia seems to issue and which reaches up to or beyond the umbilicus, while there are little, if any, symptoms on the part of the abdominal tract. The prognosis is good. The 5 cases of intrahernial torsion of the omentum all recovered. Fourteen of the 17 cases of intra-abdominal torsion operated on during the first six days recovered and 3 of the 4 operated on later; that is, a total of 17 recoveries in 21 cases. The proper treatment is a hernio-laparotomy, excising the omentum into sound tissue after separating adhesions, with radical operation of the hernia. In conclusion, Rudolf describes a case not included in the above in which the intrahernial twisted omentum simulated a malignant tumor in a testicle. The patient was a man of 36, with retained testicle, at which point a tumor had developed consecutive to repeated traumatism. The diagnosis of sarcoma was based on the smooth surface and leathery consistence of the tumor, as well as the impossibility to discover the testis by palpation. He was able to make a positive diagnosis in another and a presumptive in a third case. The total number on record is 29, in 23 of which the torsion of the omentum was intra-abdominal, with 19 recoveries after surgical intervention—a total of 24 recoveries.—Journal of the American Medical Association.

Dr. Samuel B. Ward. — Dr. Samuel B. Ward has been elected dean of the Albany Medical College, *vice* Dr. Albert Vander Veer, resigned.

Young Japanese Tea as a Cause of Uterine Symptoms.—A new set of symptoms seems to have been added to those of caffeine poisoning by Lortat-Jacob and Sabaréanu. Three women who had been drinking tea together came under their observation. In the first, who was menstruating, pains like those of parturition occurred, besides vertigo and dyspnœa.

In the second, whose menstrual flow had ceased twenty-four hours before, it came on again copiously. In the third, who was in the fifth month of pregnancy, severe uterine pains set in, with a discharge of liquor amnii and sacral pains. The pains lasted for a week. The tea had been grown in the landlord's own garden, in Tokio. It was still young.—New York and Philadelphia Medical Journal.

Resignation.—Dr. C. C. Wiley, of Pittsburgh, President of the Pension Board of that city for eleven years, has resigned on account of lack of time to attend to its duties. Dr. Wiley was president of the board at the date of resignation.

Amenorrhœa and Eye Disease.—Blondel and Sendral describe an instance of grave ocular complications associated with amenorrhœa in a mature woman, and relieved by emmenagogic treatment. The patient was 34 years old. The periods began at 12, and remained regular until the illness under treatment began. At 26 she miscarried and the curette was used; at 29 she lost her husband; then the periods became irregular, and at the end of a year ceased altogether. At the same time the left eye became painful and vision gradually deteriorated. At the age of 32 the patient underwent sympatheticectomy; the pain was relieved, but the sight was lost, and then iridectomy was performed as painful symptoms recurred. The eyeball, however, became the seat of intense pain radiating to the circumorbital region. Blondel and Sendral examined the pelvis and detected marked senile degeneration in the genital tract. The uterine cavity increased only 1 $^1/_2$ inches in length. The patient was very neurotic and excitable. The left eyeball was very hard, with operative coloboma and cataract. A large vascular ulcer occupied the inner half of the right cornea; the eyeball was hard and photophobia extreme. Emmenagogic treatment was prescribed, consisting of ovarin capsules, apiol tabloids, and cachets of aloes and potassio-tartrate of iron. Within a week the pains in the left eye diminished, and the ulcer of the right cornea began to heal. At the end of a month the period reappeared, the left eye had become painless, and the ulcer had healed. After three months' emmenagogic treatment the sight of the right eye was restored, though a little affected by the cicatrix of the corneal ulcer. The useless left eyeball was removed. When the above report was published some seven months after the emmenagogues were first taken the patient was very well, the periods continued, although scanty and not strictly regular, and the sight of the right eye good. The drugs had been discontinued after about three months of treatment.—British Medical Journal.

The Coexistence of Typhoid Fever and Scarlatina.—Farnarier says the time has come to contradict point blank the dictum of John Hunter that two fevers cannot coexist; as a matter of fact, a severe disease lowers vitality so that the onset of another is facilitated. He cites 39 well authenticated cases, from scientific observers from 1833 down to date, in which only 2 had scarlatina first. If both diseases were contracted simultaneously, scarlatina would naturally develop first. Diagnosis might be obscured by the hiding of the typhoid rosy spots by the scarlet eruption. —New York and Philadelphia Medical Journal.

Puerperal Gangrene of the Extremities.—Wörmser has been able to find 80 cases of puerperal gangrene in the literature, in 58 of which the gangrene developed in the legs during childbed, while in 8 it was postpartum; in 7 there were signs of necrosis even during the pregnancy, and in the remaining 7 Raynaud's disease developed before or after childbirth. Infection during or soon after delivery seems to have been the cause of the gangrene in childbed. Whether due to thrombophlebitis, endarteritis, or embolism, there was always preceding puerperal infection. Raynaud's disease bears only a casual connection with the pregnancy in all probability, as also the occurrence of gangrene in the course of gestation. The 58 cases in which gangrene of the legs during childbed was observed prove that this is not so rare as generally supposed. (There are only 42 cases on record in which gangrene of the legs was observed in spotted typhus.) The age has little influence, as the patients were from 17 to 40 years old. In 17 instances the patients were primiparæ, and more than six births had occurred in only 8. In 4 of the 42 cases in which these details were mentioned there had been premature delivery or abortion. The affection can always be traced to some obstruction in the arterial or venous system or both.—Journal of the American Medical Association.

William E. Quine, M.D., LL.D.—At the commencement exercises of the University of Illinois, June 8th, the degree of Doctor of Laws was conferred on Dr. William E. Quine.

New Children's Hospital in Milwaukee.—Mr. and Mrs. H. H. Camp have given the Camp homestead as a foundation for a children's free hospital in Milwaukee. About $10,000 will be spent in alterations. Among the novelties will be a special serving room, from which meals can be served direct to occupants of the surgical wards. The remainder of the $25,000 subscribed by friends will form a nucleus of an endowment fund.

Fisk Prize.—Dr. Leonard K. Hirshberg, of Baltimore, has been awarded the Fisk Prize of $250 by the Rhode Island Medical Society for scientific research on the application of light as a therapeutic agent. There were over two hundred competitors.

Arkansas Medical Society.—The following officers were elected to serve for the next year: President, Dr. J. P. Runyan, of Little Rock; first vice-president, Dr. J. H. Butler, of Sheridan; second vice-president, Dr. H. H. Canfield, of Siloam Springs; third vice-president, Dr. A. C. Clyne, of Bethel; treasurer, Dr. R. C. Thompson, of Pine Bluff; secretary, Dr. C. C. Stephenson, of Little Rock. The next place of meeting will be Little Rock.

Baldness.—Eyraud recalls Jacquet's theory that baldness is of nervous origin, and is connected with skin diseases, dental troubles, and crises of gastro-intestinal and other origin. He cites a case in which the cure of a fistula in ano, complicated with entire loss of hair, was succeeded by complete restoration of eyelids, eyebrows, and hair of the scalp.—New York and Philadelphia Medical Journal.

Fatal Mumps. — Dyball reports a fatal case of secondary parotitis occurring in a man, aged 37 years, following an attack of acute appendicular inflammation. This last condition was operated for, and the abdominal condition progressed most satisfactorily. But the enlarged parotid went from bad to worse, sloughing set in, and, although the neck was opened and cleared out, death took place from sepsis eleven days after the first appearance of the parotid bubo, and fifteen days after the appendix operation.—New York and Philadelphia Medical Journal.

American Dermatological Association.—At the twenty-eighth annual meeting held at Niagara Falls the following officers were elected: President, Dr. William Thomas Corlett, Cleveland; vice-president, Dr. Frank H. Montgomery, Chicago; secretary and treasurer, Dr. Charles J. White, Boston; member of council, Dr. John A. Fordyce, New York City. It was decided to hold the next meeting of the association in New York City, December 28, 29, and 30, 1905.

American Laryngological, Rhinological, and Otological Society.—The society met in the banquet hall of the Auditorium Hotel, under the presidency of Dr. Norval

H. Pierce, Chicago. Dr. Frank Billings, of Chicago, delivered an address of welcome. The following officers were elected: President, Dr. F. C. Cobb, Boston. Vice-presidents, Drs. William Cheatham, Louisville, Ky.; Thomas Hubbard, Toledo, Ohio; S. MacCuen Smith, Philadelphia; and W. B. Shields, St. Louis. Secretary, Dr. Wendell C. Phillips, New York City. Treasurer, Dr. Ewing W. Day, Pittsburgh, Pa. Boston was selected as the place for holding the next annual meeting.

Dr. George F. Brackett.—Dr. George F. Brackett, of San Francisco, has resigned as chief surgeon of the Emergency Hospital Service.

Visceral Crises in Erythematous Affections.—Osler suggests the importance of differentiating these attacks from surgical conditions such as appendicitis, intussusception, etc. He reports cases which point out this necessity. The practical results, he says, to be drawn from the three cases in which laparotomy was performed are: 1. In children with colic the greatest care should be taken to get a full history which may bring out the fact of previous attacks of skin lesions, arthritis, or intestinal crises. 2. Conduct the most careful inspection of the skin for angioneurotic œdema, purpura, or erythema.—Journal of the American Medical Association.

American Association of Life-insurance Examining Surgeons.—At its annual meeting, June 6th, the following officers were elected: President, Dr. Denslow Lewis, Chicago. Vice-presidents, Drs. Charles H. Harbaugh, Philadelphia; Frank B. Cross, Cincinnati; Henry W. Dewey, Tacoma, Wash.; and Henry W. Cook, Richmond, Va. Secretary and treasurer, Dr. W. H. Birchmore, New York City.

Massachusetts Medical Society. — Dr. Arthur T. Cabot, of Boston, was elected president; Dr. George W. Gay, Boston, vice-president; Dr. Edward M. Buckingham, Boston, treasurer; Dr. Charles W. Swan, Brookline, corresponding secretary; Dr. Francis W. Goss, Roxbury, secretary; and Dr. Edwin H. Brigham, Boston, librarian. It was unanimously voted that a cordial invitation be extended to the American Medical Association to meet in Boston in 1906.

American Pædiatric Society.—At the annual meeting held in Detroit the following officers were elected: President, Dr. Charles G. Jennings, Detroit. Vice-presidents, Drs. Charles G. Kerley, New York City; and Thompson S. Westcott, Philadelphia. Secretary, Dr. Samuel S. Adams, Washington, D. C. Treasurer, Dr. J. Park West, Bellaire, Ohio. Recorder and editor, Dr. Linnæus A. la Fétra, New York City. The 1905 meeting will be held June 19-21, at Sagamore Hotel, Lake George.

College of Physicians and Surgeons, New York.—Dr. Floyd J. Metzger has been appointed assistant in general chemistry, Dr. John D. Walker clinical lecturer in surgery, and Dr. Lucius W. Hotchkiss clinical lecturer and instructor in surgery at the College of Physicians and Surgeons.

American Academy of Medicine. — The following officers were elected June 6th: President, Dr. Winfield Scott Hall, Chicago. Vice-presidents, Drs. H. Bert Ellis, Los Angeles; Richard A. Reeve, Toronto, Ont.; Lewis S. McMurtry, Louisville; and Maurice H. Richardson, Boston. Secretary, Dr. Charles McIntire, Easton, Pa. Treasurer, Dr. Edgar M. Green, Easton, Pa. Assistant secretary, Dr. Alexander M. Craig, Columbia, Pa. Sir Patrick Manson was elected an honorary member.

Forms of Cutaneous Tuberculosis Resembling Acne.—Bettmann regards the lesions he observed on two patients as a complication or a retrogressive stage of the ordinary forms of cutaneous tuberculosis. The process is by no means an ordinary inflammation as in common acne, but is a tuberculous growth with secondary suppuration.

The suppuration always occurs in the center of the papule, and after evacuation of the pus the form of the papule shows the nature of the primary growth. The marginal infiltration in lupus follicularis is always evident under pressure from glass. He found tubercle bacilli in some of the pustules, and, encouraged by this fact, he sought to obtain bacilli from lupus pustules by inducing suppuration by injection of various fluids. He was successful in only one instance, finding two bacilli in a single lupus focus after slight suppuration induced by injection of a very weak solution of potassium catharidinate.—Journal of the American Medical Association.

Otological Society of the United Kingdom.—The meeting of the Otological Society of the United Kingdom was held at the Glasgow University on May 21st, the president, Dr. Barr, in the chair.

Relations Between Trigeminal Neuralgia and Corneal Erosions.—Bartels relates two typical cases in which an erosion of the cornea was followed by recurring attacks of inflammation. Both patients were subject to trigeminal neuralgia. Study of the cases showed that the recurrence of the corneal irritation was due to the trigeminal affection, and after months of ineffectual treatment of the eye, by addressing treatment to the neuralgia, both patients were promptly and permanently cured. His mode of treating neuralgia is by salicylic medication supplemented by continuous application of linseed poultices to the emerging point of the nerve, and strict repose in bed, the course of treatment ranging from three to eight days, according to the severity of the case. He has found pyramidon useful as an analgesic and also injection of Schleich's No. 2 solution at the emerging point of the nerve to arrest very severe attacks. He advised his patients to carry a salicylate powder constantly with them, to take at the first recurrence of the neuralgia and thus ward off the secondary corneal lesion, but neither has had a recurrence to date.—Journal of the American Medical Association.

Herpes Zoster as a Complication of Mumps.—Orta reports three cases of mumps complicated by herpes zoster. The cases formed part of a general epidemic of mumps. In each case the herpes appeared in the course of the second week of the attack of mumps. 1. The first case, aged 18, developed mumps on May 3d, high fever two days, bilateral swelling of the parotids, headache, etc. On May 11th the parotid swelling had almost gone, and there was no fever, but there was a characteristic eruption of herpes zoster in the right intercostal region at the level of the fifth and sixth ribs. The eruption lasted from fourteen to sixteen days, and pursued its usual course. 2. Aged 14, left-sided mumps May 20th; eight days later severe pain in fifth and sixth intercostal space, followed thirty-six hours later by a definite crop of herpes. 3. Aged 16, double parotitis, which pursued a mild course; nine days later herpes zoster in the left second intercostal space and axillary line.—British Medical Journal.

Maternity Hospital Opened. — The maternity wing of the Pasadena Hospital, erected at a cost of $12,000 by the liberality of Mrs. Robert J. Burdette, and to be known as the Clara Baker Burdette Maternity Wing, has been formally dedicated.

Sir Henry Thompson's Estate. — The estate of the late Sir Henry Thompson has been proved at £223,748.

The Diagnosis of Renal Colic.—Angelo Signorelli describes a symptom of renal colic on which little stress has been laid hitherto. It is a rhythmical, pulsating pain felt in the loin and testicle on the side affected. He relates the history of a case in which this symptom was well marked, and states that he has observed it in other cases of renal colic, but never in any other disease. It may therefore be of importance in the differential diagnosis between renal colic, on the one hand, and inflammatory affections in the neighborhood of the kidneys or the appendix, on the other. The pulsations are synchronous with the cardiac pulsations, and to explain the symptom Signorelli supposes that the pain of renal colic is due not only to the pressure exercised by the stone, and to the contractions of the muscular wall of the ureter as has been hitherto believed, but also to increased tension in the kidney and its capsule. This tension would be increased at each heart-beat, and would thus cause rhythmical exacerbations of the pain.—British Medical Journal.

German Hospital Plans Approved.—Plans for the New German Hospital, San Francisco, were approved by the German Benevolent Society, and $400,000 was voted to defray the expense of construction. The buildings will be thoroughly fireproof and will be six stories in height.

Naunyn's Resignation.—Naunyn retires this summer from further service as Professor of Pathological Anatomy, etc., and chief of the medical clinic of Strasburg. He is now in his sixty-sixth year.

Dr. Fred. D. Cartwright.—Dr. Fred. D. Cartwright has been re-elected city health officer and secretary of the Bowling Green Board of Health.

An Orphan Defined.—The word "orphan" occurred in the Sunday-school lesson. Miss Ida V. Stamps asked if any of the little boys in the class knew what an orphan was. There was no response. Thinking to help the little fellows to search out the right answer, Miss Stamps, the teacher, said,—

"Why children, I'm an orphan; now, can't you tell me what an orphan is?"

Up went the hand of a little boy.

"All right, Johnnie," said the teacher, "that's a good boy. You tell us what an orphan is."

"An orphan," replied the little fellow, without the slightest hint of a smile and with deep earnestness, "an orphan is a young lady what wants to get married and can't." — Silas Xavier Floyd, *in July Lippincott's.*

Dr. William B. Pritchard.—Dr. William B. Pritchard has been appointed visiting neurologist to the City Hospital, New York.

Italian Pædiatric Congress. — The fifth Italian Pædiatric Congress will be held this year at Rome in October. The following are the subjects proposed for discussion: (1) Infantile Tuberculosis; (2) Infantile Anæmias. The President of the Organizing Committee is Prof. L. Concetti; the Secretary, Prof. F. Valagussa.

Baltimore County (Md.) Medical Society.—The Baltimore County Medical Society elected the following officers, May 19th, at Towson: President, Dr. George H. Hocking, Govanstown; vice-president, Dr. Harry S. Jarrett, Towson; recording secretary, Dr. Richard C. Massenberg, Towson; corresponding secretary, Dr. H. Louis Naylor, Pikesville; and treasurer, Dr. Benjamin Whitely, Catonsville.

Trophic and Circulatory Troubles of the Skin Due to the Injection of Paraffin.—Sejour states that two injections were made into the breast of a young woman, one three weeks after the other. Great pain with swelling of the breast and axillary contents followed the first operation, but subsided. Five days after the second injection trouble commenced. When the patient was seen a month later the skin was high-colored and glistening, with the periphery of the breast looking as though there were varicose veins everywhere, and at one point a soft, almost fluctuating spot. There was no axillary involvement or other manifestation which could be regarded as inflammatory. Upon free incision of the softened area there escaped the softened paraffin which had been injected, but no exudate, as was proven by microscopical examination of the mass. Under the influence of wet dressings, etc., the whole thing cleared up, and the author is under the opinion that some of the paraffin must have been injected into blood-vessels and caused thrombosis of them, thus causing all the symptoms. — Interstate Medical Journal.

Editor Honored.—Dr. F. E. Daniel, Editor of the Texas Medical Journal, has been elected President of the Texas State Medical Society. The society will meet in Houston next year.

Staff Appointments. — Among the appointments made by the governor of Maryland on his staff are: Dr. John M. T. Finney, of Baltimore, surgeon general; Dr. J. Charles Macgill, of Catonsville, and Dr. Richard S. Hill, Upper Marlboro, aides, with rank of colonel.

Dr. Warren S. Bickham.—Dr. Warren S. Bickham has been appointed instructor in surgery at the Post-graduate College and Hospital, New York.

Ashton's "Practice of Gynæcology." — The "Practice of Gynæcology" by W. Easterly Ashton, M.D., Professor of Gynæcology in the Medico-Chirurgical College, Philadelphia, will be a handsome octavo volume of about 1000 pages and contain about one thousand original line drawings. It is a new departure in medical text-book making. The author takes up each procedure necessary to gynæcological work step by step, the student being led from one step to another just as in studying any nonmedical subject, the minutest detail being explained in language that cannot fail to be understood even at first reading. Nothing is left to be taken for granted, the author not only telling his readers in every instance what should be done, but also precisely how to do it. A distinctly original feature of the book is the illustrations, made especially under the author's personal supervision from actual apparatus, living models, and dissections on the cadaver. These drawings show in detail the procedures and operations without obscuring their purpose by unnecessary and unimportant anatomical surroundings, thus enabling the student to see at a glance the exact method employed. All the methods, tests, etc., discussed have been carefully verified by the author so as to assure their value and accuracy. Definite and precise instructions are given as to how to preserve specimens of morbid tissue and secretions, and how to deliver them in good condition to the pathologist. That part of the book dealing with antiseptic technique shows great care, the author here describing only those methods which he employs in his own practice, in order that the student may have a clear and definite conception of the subject, and not have his mind confused by a description of the technique of other surgeons. Especial attention has been given to the consideration of visceral injuries, no other work on gynæcology or general surgery discussing this important subject with the same amount of detail. The operations of end-to-end and lateral intestinal anastomosis are given step by step, and the operative manipulations are profusely illustrated.

Ophthalmological Congress. — The next International Congress of Ophthalmology will be held in Lucerne, Switzerland, September 19, 20, and 21, 1904.

Roetheln.—Maddox has observed bloody discharges from the nose; soreness, stiffness, and swelling of the fingers; soreness and sometimes stiffness of the wrists, elbows, and knees, and less frequently of the ankles, as if there were present transient inflammation of the synovial membranes. He observed these symptoms in an epidemic and finds no reference to them in literature.—St. Louis Courier of Medicine.

Manhattan Eye, Ear, and Throat Hospital.—By the donation of $40,000 by Edward R. Thomas to the Manhattan Eye, Ear, and Throat Hospital, in memory of his father, General Samuel Thomas, conditional gifts of $125,000 are secured, and a new building is assured for the institution.

Dr. H. W. Millican. — The editor was pleased recently to receive a call from Dr. Millican, representative of the New York and Philadelphia Medical Journal, as he passed through this city.

Medical Curators.—The council of the University of Buffalo selected the following men to fill vacancies on the board of curators in the medical department: Drs. H. J. Nichols, Warren, Pa.; H. J. Knickerbocker, Geneva; and Joseph Fowler, Benjamin G. Long, and Franklin W. Barrows, Buffalo.

Ohio Medical Association.—The convention of the Ohio Medical Association was brought to a close by the election of officers: President, Dr. S. S. Halderman, of Portsmouth. Vice-presidents, Dr. J. S. Deemy, of Bellefontaine; Dr. W. E. Morris, of Lisbon; and Dr. H. H. McCollough, of Mansfield. Secretary, Dr. Frank Winders, of Columbus.

A Birth They Expected.—Little 3-year-old William Bryans had long wished for a little baby at his home. One winter day he said to his mother, "Mamma, where do babies come from? Where did Aunt Jennie get little baby Allen?" His mother explained to him that God sent the babies, and if he so much wanted a little baby he must ask God, so that night he ended his usual prayer with a petition for a tiny little baby.

"It will be here when we wake in the morning, won't it, mamma?"

"No, William, God won't send it so soon; it is cold, and we would not be ready for it; we will wait until it gets warm and the leaves come out on the trees, and the grass gets green, and the flowers come, then God will send it."

Now of all this conversation the father was ignorant, and what was his consternation when one day in early spring William was standing by the window and suddenly exclaimed,—

"Look, papa, over there the grass is coming up all green; pretty soon God will say 'It's time for Bryans's baby.'"—FRANK L. FINCH, *in July Lippincott's.*

Medical Mayor.—Dr. George G. Graessle has been elected mayor of Seymour, Indiana.

Dr. William H. Simpson.—Dr. Simpson has been appointed consulting otologist at the Presbyterian Hospital, New York City.

Professor Nothnagel. — The Sultan of Turkey has conferred the order of the Medjidie, first class, upon Professor Nothnagel, of Vienna.

On the Value of the Examination of the Cerebro-spinal Fluid in the Diagnosis of Nervous and Mental Disease.—The rapid appearance of papers of this sort in the German journals shows the interest which this new diagnostic procedure is arousing. Meyer's study of thirty-five cases showed that the method had a very great value. A paper by Siemerlig is a continuation of this work, with the addition of the examination of the physical and chemical characteristics. The author draws attention to the importance of the color of the fluid, and to the importance of the chemical examination for albumin, and especially to the peculiar reaction first described by Guillain and Parant. The material upon which the paper is based consisted of thirty-eight cases of dementia paralytica and fifteen cases of various nervous diseases. The following conclusions are noted: The cytodiagnosis as well as the chemical and physical characteristics of the cerebro-spinal fluid enriches the diagnostic methods very considerably. A marked lymphocytosis points to a meningeal irritative process. A meningitic process with cellular exudates is probably present. The lymphocytosis is usually combined with an increase in the amount of albumin after the addition of sulphate of magnesia. The study of the color can, in certain instances of hæmorrhage, give information in regard to the origin of the process.—Interstate Medical Journal.

Dr. Walter A. Norton.—Dr. Walter A. Norton has been appointed city physician of Savannah, Ga., *vice* Dr. Elton S. Osborne, elected physician of Chatham County.

Dr. Philip Henry Pye-Smith. — At a meeting of the Senate of the University of London on June 8th Dr. Philip Henry Pye-Smith, F.R.S., was re-elected Vice-Chancellor for the year 1904-5.

Cavendish Lecture. — The Cavendish lecture of the West London Medico-Chirurgical Society was delivered by Prof. von Mikulicz, of Breslau, on June 24th. The subject was "Experiments on the Immunization of Operation Wounds."

The "Tapotage" Sign of Tubercular Cavity in Lungs. — Erni applies this term, "*tapotage*," which means tapping or slapping, to describe the reaction which he has found almost pathognomonic of a tuberculous cavity in the lungs. He percusses the chest over the apex of the lungs, using for the purpose a flexible knife—a silver paper-cutter—weighing about 100 grammes. The blade is taken in the fingers and the chest is tapped with the handle, no force being applied, but merely the elasticity of the knife doing the percussion. The handle rebounds as it touches the chest-wall. This light percussion produces no effect over normal parts, but when there is a cavity beneath, the percussion causes the subject to cough immediately and expectorate, all in less than a minute. If the same point is percussed several times an ecchymosis forms if there is a cavity beneath, but not otherwise. The cough and expectoration with which the cavity reacts to the percussion have therapeutic value, as they clear it out. The amount of sputa expelled is also an indication of the size of the cavity. Erni has been studying this sign for nine years and has always found it positive when there was a cavity located near the surface. He has also found this knife percussion an important aid in clearing out a cavity. The sputa become mucous and then dry up entirely as the cavity heals after evacuation; the walls become thicker and the *tapotage* sign can then no longer be elicited. —Medical Standard.

The Tabloid Substitution Case.—The suit of Burroughs, Wellcome & Co. against a firm which had been selling other goods under the title of "tabloids," which, it was contended, refers only to the products of Burroughs, Wellcome & Co., was decided in favor of the plaintiffs. The case, which may be considered as historical, lasted seven days, and would probably have extended over a fortnight had not one of the judges insistently pressed Messrs. Burroughs, Wellcome & Co.'s counsel to limit the number of their witnesses. The defendants were ordered to pay damages and costs.

The decision has been commended by prominent medical and pharmaceutical journals of Great Britain and the Continent of Europe. In a similar case an Italian court rendered the same decision.

Dr. Sherrington.—Dr. Sherrington, Professor of Physiology in the University of Liverpool, has been elected a member of the Imperial Academy of Medicine, Vienna.

Rotunda Hospital, Dublin.—Mr. Francis T. Heuston, senior surgeon, Adelaide Hospital, has been appointed by the board of governors of the Rotunda Hospital as consulting surgeon in succession to the late Sir Philip Crampton Smyly.

Western Hospital for the Insane, Bolivar, Tenn. — At a meeting of the Board of Trustees of the Western Hospital for the Insane, on May 19th, Dr. J. J. Neely, former assistant superintendent, was elected superintendent for a term of eight years, and Dr. W. S. Cocke, of Whiteville, assistant superintendent for a like term. Dr. J. P. Douglas, who has served the institution as superintendent for fourteen years, resigned a few months ago.

Prof. A. Maitland Ramsay. — Prof. A. Maitland Ramsay, M.D., of Glasgow, Scotland, the official guest of the American Medical Association at Atlantic City in June, was the guest of Dr. Charles A. Oliver, of Philadelphia, while in that city.

Yale Medical School.—By the will of the late Mrs. Henry Farnum, of New Haven, Conn., the Yale Medical School receives a legacy of $54,500 as an addition to its general fund.

Pan-American Medical Congress. — The next meeting of the Pan-American Medical Congress will be held at Panama the latter part of December.

Interpretation of Findings of Blood Traces in Fæces.—Joachim's research was undertaken at Königsberg and it has confirmed the announcements of Boas and others in regard to the differential value of "occult" bloodfindings in the fæces. In only 1 out of 18 cases of cancer of the stomach were the findings negative. In 83 per cent. of 28 cases of ulcer of the stomach the findings were likewise positive at sometimes, but not at others, thus differentiating the ulcers from the more constant findings in case of cancer. Ingestion of raw or rare meat is liable to prove a source of error, and also the fact that blood is apt to be found in the fæces for several days after a single copious hæmorrhage. In 2 out of 6 cases of typhoid the finding of blood in the stools proved to be a forerunner of a severe hæmorrhage a day or so later. Traces of blood were also found in the fæces in case of uncompensated valvular heart-defects, but they vanished so soon as the congestion subsided. Blood was found in a case of catarrhal icterus, but never in cholelithiasis except once the day following an examination of the stomach. The guaiac test was also positive in case of secondary cancer of the liver and in one instance of cancer in the cystic duct. The findings were negative in a case of cancer of the pancreas, but were positive in a hæmorrhagic pancreatitis. As many as four hundred and fifty tests were made to determine the amount of blood ingested which would give positive response to the parallel guaiac and aloin tests. Even as little as three grammes of blood gave a faint response. Sometimes one of the tests would be positive while the other was dubious. Spectroscopic tests for hæmatoporphyrin were positive only when the other tests were markedly positive.—Journal of the American Medical Association.

Polymyositis in a Boy of Seven.—After recovery from whooping-cough the child had a fever for four days, with dyspepsia and a fleeting exanthema, followed by symptoms of pronounced polymyositis. After persisting three weeks all the symptoms vanished and recovery was complete in eight weeks. Schüller compares with this the similar cases on record, with others of progressive ossifying myositis, etc. There are only five other cases of primary acute polymyositis in children — like his case—on record. One was of a fibrous type, one a dermatomyositis; one was consecutive to an infectious sore throat, and one to some other infection. One child recovered completely in a few weeks, and one after a few months, but the others were left with paresis and atrophy of some of the muscles.—Journal of the American Medical Association.

Surgeon-General of Pennsylvania. — Dr. Joseph K. Weaver, of Norristown, has been appointed Surgeon-General of the National Guard of Pennsylvania in place of Dr. Robert G. Le Conte, of Philadelphia, resigned. Dr. Weaver has long been connected with the guard and has lately been division-surgeon.

New Medical Laboratories. — The new medical laboratories of the University of Pennsylvania, which have been under construction for four years, were dedicated June 10th. The buildings cost, exclusive of the ground and equipment, about $700,000. Formal addresses were made in the Laboratory of Pathological Histology by Prof. H. P. Bowditch, of Harvard University; Prof. R. H. Chittenden, of Yale University; Prof. George Dock, of the University of Michigan; and Prof. Horatio C. Wood, of the University of Pennsylvania.

Bequests. — By the will of Allen Flitcraft, of Media, Pa., the Chester Hospital will receive $1000; the Friends' Home, West Chester, $1000; and the Friends' Home, Woodstown, N. J., $1000.

The Fate of the Ovum and Graafian Follicle in Premenstrual Life.—Thomas G. Stevens studied the retrograde changes of ova and Graafian follicles during the premenstrual life, basing his conclusions upon the microscopical examination of seventy pairs of ovaries, removed in the postmortem room from children younger than 10 years. The author confirms the generally accepted teaching that ovulation occurs before menstruation makes its first appearance. Graafian follicles and ova mature in premenstrual life by a constant, well-marked series of changes. The ovum, however, never reaches the same size as that of an adult female.

The size of the mature Graafian follicle is variable, the diameter being, as a rule, about one millimeter or a little less. The ovum is removed by a process of phagocytosis, but may, however, undergo a simple necrobiosis. The phagocytic agents are the cells of the membrana granulosa. The follicle eventually contracts by means of granulation tissue formed in its fibrous tunic, which latter absorbs the remains of the membrana granulosa and liquor folliculi.

In the present state of our knowledge of the function of the ovary we are forced to conclude that this organ plays a dual rôle, namely: that of supplying the ova and the products of some internal secretion. It is clear that the supply of sexual cells is unnecessary in infants, and so the follicles do not burst, but it is probable that internal secretion plays an important part in the development of the female child.—Interstate Medical Journal.

Affections of the Female Genitalia Due to Vaccination.—G. Loewenbach and A. Brandweiner state that a vaccine pustule may by accidental infection lead to the formation of similar pustules in either the vaccinated or another unvaccinated individual. Nonvaccinated wetnurses, nursegirls, or nursing mothers may in this way acquire vaccine sores on their eyes, mouth, tongue, breasts, etc. The writers describe five cases in which the infection was localized on the genitalia. As sources of the accidental transmission of the vaccine virus have been found the following: Use of the same towels and sleeping in the same bed with the freshly vaccinated child. In one case the infection was produced by the physician, who, after changing the bandage on the vaccinated arm of the child, carelessly made a vaginal examination of the mother without washing his hands.

During the first (pustular) stage the sores resemble pemphigus vulgaris or vegetans, eczema and herpes genitalis; during the second (ulcerative) stage especially they resemble syphilitic papules and aphthæ.—Interstate Medical Journal.

Death of Dr. Nathan S. Davis. — Dr. Nathan S. Davis, 87 years old, one of Chicago's pioneer physicians and founder of the American Medical Association, died at his home in Chicago. He was born at Greene, Chenango County, N. Y., on January 9, 1817. After doing active work through an epidemic of cholera in New York City in 1849, Dr. Davis removed to Chicago, where he has since resided and practiced medicine with conspicuous success. He had been elected to the chair of physiology and general pathology in Rush Medical College. Ten years later, with other physicians, he founded the Chicago Medical College, later known as the Medical Department of Northwestern University.

Miami Valley Hospital.—The new operating building of the Miami Valley Hospital was dedicated on May 26th. Mrs. Frank J. Patterson, who gave the institution in memory of her husband, made the address, which was responded to by Dr. H. F. Colby.

Tulane Medical Department.—The Tulane Medical Department has made several changes in the teaching staff. Through the resignation of Dr. L. F. Reynaud the chair of Materia Medica and Therapeutics was made vacant. The Faculty has elected in his stead Dr. J. T. Halsey of the McGill University, Montreal, Can. In addition to this the following have been elected Associate Professors: Dr. Isadore Dyer to the chair on Diseases of the Skin; Dr. E. D. Fenner to the chair on Diseases of Children; Dr. J. B. Elliott, Jr., to the chair on Clinical Medicine. Dr. P. E. Archinard in addition to his branch of bacteriology has been made lecturer on neurology; Dr. Gordon King has been made lecturer and clinical instructor on diseases of the ear, nose, and throat; and Dr. J. B. Guthrie has been made lecturer on materia medica and therapeutics.

Seventh International Congress of Otology.—The meeting will be held at Bordeaux August 1 to 4, 1904.

Multiple Lupus.—H. G. Adamson describes the case of a girl of 5 years. Scattered over the body were several typical lupus nodules. They were distributed as follows: One on the left cheek, one on the chest, one on each arm, one on the dorsum of foot, and two on the inner surface of the left buttock. Those on the buttocks were oval and the size of a small bean. The others were split-pea sized. The lesions had been noticed about two and a half years, and the mother thought that they had not increased in size since their first appearance. One lesion on the chest had entirely disappeared, leaving merely a pale mark, but no scar. The child had measles about three years ago. There was no other evidence of tubercular disease, but twelve months ago the patient attended hospital for several months for chronic diarrhœa.

Du Castel has drawn attention to the fact that multiple cutaneous tuberculosis is not infrequently immediately preceded by an attack of measles. The eruption bursts out suddenly, suggesting an infection by the blood-stream from some central focus. Usually there is a wider period between the attack of measles and the outbreak of lupus. The eruption may remain unchanged for years, or some of the nodules may spontaneously disappear, with or without subsequent scar, while others may enlarge into extensive patches. The author refers to a case which he exhibited some years before of multiple lupus verrucosus in a boy. The whole of the lesions disappeared entirely, although the child subsequently developed other tuberculous lesions, namely: a postero-pharyngeal abscess and hip disease.—Interstate Medical Journal.

Bellevue Hospital. — Dr. William P. Spratling, superintendent of the Craig Colony for Epileptics at Sonyea, has been appointed superintendent of Bellevue Hospital at New York.

Louisiana State Medical Society.—At the twenty-fifth annual session of the Louisiana State Medical Society, held at New Orleans, the following officers were elected: President, Dr. Charles Chassaignac, of New Orleans. Vice-presidents, Drs. Oscar Dowling, of Shreveport; Leo C. Tarleton, of Marksville; and J. F. Buquoi, of Colomb. Secretary, Dr. Isaac Ivan Lemann, of New Orleans. Treasurer, Dr. Marion H. McGuire, of New Orleans. Councilors:

First District, Dr. Paul E. Archinard, of New Orleans; Second, Dr. Andrew G. Friedrichs, of New Orleans; Third, Dr. Jackson J. Ayo, of Bowie; Fourth, Dr. Norwood K. Vance, of Shreveport; Fifth, Dr. Sidney L. Williams, of Oak Ridge; Sixth, Dr. Charles M. Sitman, of Greensburg; and Seventh, Dr. C. A. Gardiner, of Sunset. Delegates to the American Medical Association: until 1905, Dr. W. Glendower Owen, of White Castle; alternate, Dr. A. Feltus Barrow, of St. Francisville; until 1906: Dr. William M. Perkins, of New Orleans; alternate, Dr. John B. Elliott, Jr., of New Orleans.

Talked Against Time. — A charming Southern girl who was convalescing from typhoid fever received an invitation from a young man who was very much in love with her to take a drive. She obtained her physician's permission on the promise of returning in half an hour. The young man stuttered badly, and, overjoyed at seeing the girl again after her long illness, and knowing her keen delight in tormenting him, his difficulty was greater than usual.

"W-w-w-w-where," he stammered as they started off, "sh-sh-sh-sh-sh-shall w-w-w-w-w-we g-g-g-g-g-g-g-go?"

"I think," she replied demurely, " it is time now to go home." — *Lippincott's for July.*

City Hospital of Akron, Ohio.—The new hospital building of the City Hospital of Akron was dedicated on June 5th. The building was the gift of Mr. O. C. Barber, president of the Board of Trustees. The presentation address was made by Mr. Barber and the gift was accepted by Col. George T. Perkins, vice-president of the board. There were other ceremonies and addresses upon this occasion, among which was an adress by Dr. Frank Billings, of Chicago. In this gift to his native city Mr. Barber sets an example which might advantageously be followed by other successful men.

Delaware State Medical Society. — The one hundred and fifteenth annual meeting was held June 14th at Lewes. Interesting papers were read and discussed. Officers were elected for the coming year.

Kansas Medical Society. — The Kansas Medical Society, at its thirty-eighth annual meeting held in Topeka, elected the following officers: President, Dr. Lawrence Reynolds, of Horton; vice-presidents, Drs. Daniel E. Esterly, of Topeka, and Edwin T. Shelly, of Atchison; corresponding secretary, Dr. George A. Boyd, of Baldwin; treasurer, Dr. Lewis H. Munn, of Topeka; librarian, Dr. Samuel G. Stewart, of Topeka; editor, Dr. George H. Hoxie, of Lawrence; delegate to the American Medical Association, Dr. William E. McVey, of Topeka, and alternate, Dr. Josiah P. Lewis, of Topeka. Wichita was selected as the next place of meeting.

Pernicious Malarial Infection.—Agenore Zeri contributes the histories of four cases of pernicious malarial fever contracted in the Roman Campagna. All four were confirmed as true malarial cases by the examination of the blood and the finding of the parasites, though few in number. No organisms were found with central masses of pigment. It would be a grave error in such cases to fail to make the diagnosis of malarial fever on account of the scarcity of organisms, and one that would be fatal to the patient. In one of the author's cases the patient had previously had a malarial attack with hæmorrhage from the stomach, vomiting, and severe abdominal pain. In the pernicious attack he was also affected by severe hæmorrhage and vomiting. In another case in which there were severe cerebral symptoms there had previously been an affection of the middle ear. Baccelli has stated that the individual affected by any other disease or weakness finds it more difficult to resist pernicious malarial infection. Headache, vomiting, and vertigo are usual symptoms in these cases. The vertigo is not due to the quinine given, for heavy doses of quinine cut short the fever and vertigo. The treatment must be immediate to be successful, and the method preferred by the author for the exhibition of the quinine is by hypodermic injection.—Medical Record.

Hæmaturia as a Sign of Scurvy. — E. Neter calls attention to the fact that a hæmaturia may be the only evident outward sign of the presence of Barlow's disease. He reports a typical case in a well-developed infant of 8 months, who had been fed during the previous four months exclusively with malted foods. The child did not seem quite well, but the only result of the examination was the finding of blood in the urine. The diagnosis of scurvy was made by exclusion and the child was put on a diet of raw milk. In eight days after beginning treatment the baby was better and no more blood was found in the stools. The author suggests that in every child in which hæmaturia is present, and all other bladder or kidney troubles can be excluded, the presence of scurvy should be suspected. In doubtful cases appropriate antiscorbutic treatment will always aid in confirming the diagnosis. —Medical Record.

Matrimonial. — We have received word of the marriage of Dr. George H. Crabtree, Lieutenant, Medical Department, United States Army, to Miss Inez May Kelly, of Roxbury, Mass. Dr. Crabtree was graduated at the Medico-Chirurgical College in 1893 and is now stationed at Fort Jay, New York.

Resignation.—Dr. W. C. Hollopeter has resigned from the visiting staff of the Methodist Episcopal Hospital of Philadelphia.

Dr. Joseph M. King.—The Editor of THE MEDICAL BULLETIN was pleased to receive a call from Dr. Joseph M. King as he recently passed through Philadelphia.

Removal.—Dr. John K. Mitchell has removed to 1730 Spruce Street, Philadelphia.

New York County Medico-Pharmaceutical League.—The last regular meeting of the league prior to the summer intermission was held in New York City on May 27th. The object of the association is the consideration of all scientific and material matters of mutual interest to the medical, pharmaceutical, and dental professions and to the public.

Book Reviews.

Department of Public Health and Charities. Having the Care, Management, Administration, and Supervision of the Charities, Almshouse Hospital, and All Other Similar Institutions, the Control or Government of which is Intrusted to the City.

Much interesting matter is contained within these pages. The Philadelphia Hospital has been an extremely useful institution as a source of valuable clinical instruction and original study of disease. Some of the papers in this volume describe the expansion of the facilities of the hospital. Others are records of noteworthy cases treated within its walls. About two-thirds of the contents are occupied by the description of medical and neurological cases. All the papers are based upon the study of salient characteristics of morbid processes and in comparison with the features of other cases elsewhere recorded.

A Practical Treatise on Medical Diagnosis for Students and Practitioners. By John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Fifth Edition, Revised and Enlarged. Illustrated with 395 Woodcuts and 63 Colored Plates. Lea Brothers & Co., 1904.

A work on diagnosis necessarily requires frequent revision to correspond with the advances continually being made in clinical medicine and laboratory methods. In the present issue there has been considerable rearrangement as well as additions. The work is divided into two nearly equal parts: one on general and a second on special diagnosis. The first part is subdivided into six sections, of which the most important relate to the historical diagnosis, the subjective diagnosis, the objective diagnosis, physical diagnosis, and laboratory diagnosis. The second part is concerned with the diagnosis of individual affections. There is scarcely a more important branch of our profession than diagnosis, upon which all intelligent treatment must be founded. In the pages of this work the many data upon which we depend for assistance in arriving at conclusions are brought together and in some instances tabulated for the benefit of the reader. Much stress is laid upon the value of laboratory methods. In the section devoted to this subject the modern methods are described which have accomplished so much in rendering precise diagnosis possible. This is the department, above all, in which the rapidity of advance demands frequent chronicle.

Transactions of the American Climatological Association for the Year 1903. Volume XIX. Philadelphia: Printed for the Association.

This society is doing a good work. The influence of climate on health is very decided, and a change of climate is in many instances the most efficacious method of repairing the ravages of disease. These subjects are worthy of being scientifically studied. In this volume we find notes on the climate of Nassau as a winter resort by Dr. Samuel A. Fisk, of Denver, Colo.; impressions of California resorts, by Dr. Guy Hinsdale, of Hot Springs, Va.; remarks concerning the influence of altitude upon heart disease, by Dr. R. H. Babcock, of Chicago; on the relation of neuralgia to altitude, by Dr. F. Savary Pearce, of Philadelphia; the rôle of local sanatoria in preventing the spread of tuberculosis, by Dr. De Lancy Rochester, of Buffalo; tent life for consumption, by Dr. J. Edward Stubbert, of New York; and a number of other papers not strictly related to climatic treatment. Among these the management of tuberculosis was the principal theme. All the papers are of interest.

Subjective Sensations of Light and Sound, Abiotrophy, and Other Lectures. By Sir William R. Gowers, M.D., F.R.C.P., Hon. Fellow of the Royal College of Physicians of Ireland, etc. Philadelphia: P. Blakiston's Son & Co., 1904. Lectures on Diseases of the Nervous System, Second Series.

Like all the work of the author, these lectures are thoughtful, original, and suggestive. The contents are not completely indicated by the title. In addition the book contains lectures upon metallic poisoning, syphilis of the nervous system, the use of drugs, and other subjects. The lectures were given before different societies on various occasions, and are expressions of the rich experience of the speaker. Such a book as this is an excellent companion for a leisure hour. It throws light on obscure topics. It brings before the mind of the reader a series of cases, some of which are apt to be first seen by the general practitioner. In the address upon metallic poisoning the author relates many interesting cases in illustration of his line of argument.

Proceedings of the First General Convention to Consider the Questions Involved in Mosquito Extermination. Brooklyn: Eagle Book Printing Department, 1904.

Since the proof of the part taken by the mosquito in disseminating malaria and yellow fever public attention has been directed toward the extermination of this insect. The first convention for the purpose of discussing plans whereby this object could be accomplished was held in December of last year. The scope of the proceedings can be gathered from this volume in which they are recorded. It contains short addresses and communications from many who have given particular study to the subject. These tell us what can be done by railroads, by the general government, how the law can assist in the work, what a rural community can do, how a State appropriation can be used, and many other matters connected with this important project. Interesting remarks were made by Dr. Gorgas, U. S. A., concerning antimosquito work in Havana.

An Introduction to Vertebrate Embryology Based on the Study of the Frog and the Chick. By Albert Moore Reese, Ph.D. (Johns Hopkins), Associate Professor of Histology in Syracuse University and Lecturer on Histology and Embryology in the College of Medicine. With 84 Illustrations. G. P. Putnam's Sons: New York and London, 1904.

This work constitutes an excellent introduction to the important matter of development. It describes in an extremely clear manner and assisted by numerous illustrations every phase in the life of the frog and chick from the period of fertilization to birth. The embryonic evolution of the chosen animals is typical of higher forms of existence, and is unquestionably of much advantage to the student of medicine, anatomist, surgeon, and pathologist.

Contributions to Practical Medicine. By James Sawyer, Senior Consulting Physician to the Queen's Hospital, Birmingham. Fourth Edition, with many Revisions and Additions. Birmingham: Cornish Brothers, 1904.

That this volume is appreciated at its true worth is shown by the exhaustion of three large editions. In preparing the fourth the author has gone over every line in order that it may fully represent the results of his continued experience. The book is composed of a number of excellent papers upon important subjects in practical medicine. They are matters which confront every physician every day. The causes and the cure of insomnia, the cure of gastralgia, matter relative to the physical diagnosis of thoracic affections, floating kidney, constipation, and diet in diabetes are some of the subjects discussed in the volume. In addition to these are a number of essays upon certain remedies or preparations introduced by the author. These we have referred to in former reviews and in other publications: the use of pilewort, calcium chloride in pulmonary tuberculosis, medicated lozenges, fuming inhalations in asthma, the ethereal tincture of capsicum, and the use of ether as a menstruum in medication of the skin. These methods or recommendations have been widely adopted on account of their merit. The book is one which will be received with approbation.

The Four Epochs of Woman's Life. Maidenhood, Marriage, Maternity, Menopause. By Anna M. Galbraith, M.D., Author of "Hygiene and Physical Culture for Women"; Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania. 12mo Volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $1.50, net.

This book accomplishes very well the purpose for which it was written. Ignorance and innocence are by no means synonymous terms. If the youth of both sexes were taught the fundamental facts of sexual life in a straightforward manner the curiosity which is bred of mystery would have less influence. This curiosity and the imperfect information which is picked up from older children, nurses, and other hidden sources has much to do with the formation of bad habits. In this book truths are stated which are useful for a woman to know concerning her own physical constitution and her relations to the opposite sex. It is written in a plain and simple style, and its contents can be comprehended without difficulty.

COMMERCIAL NEWS.

IRREGULAR MENSTRUATION AND TREATMENT.

By E. C. Willey, M.D.,
LOUISVILLE, KY.

Practitioners of medicine are consulted by no class of patients who display greater solicitude than those who have amenorrhœa. In the popular mind failure of the menses to appear is supposed to be due either to pregnancy or to tuberculosis, and either may cause a degree of anxiety that is truly intense. The term amenorrhœa is used to mean the total absence of the menstrual discharge, or a marked deficiency in the quantity of the flow. Amenorrhœa may be physiological or pathological. During pregnancy the absence of the menstrual discharge is, of course, physiological, and demands no consideration in this article. When pathological, the causes of amenorrhœa may be said in general to be due to the following:—

1. Taking cold, at or near the menstrual epoch. 2. Severe mental perturbation, as fright, sorrow, or great elation of spirit. 3. It may be symptomatic in several affections, as tuberculosis, anæmia, chlorosis, syphilis, typhoid fever, nephritis, pelvic peritonitis, and other morbid conditions. 4. Obesity. 5. Luxurious life, or overtaxing the nervous system. 6. Stenosis or atresia of the cervical canal, or imperfect development of the tubes, ovaries, or uterus. 7. Vicarious menstruation may make the condition obscure, there being a discharge at the regular monthly periods from the nose, lungs, bladder, stomach, nipple, or other part.

The treatment of amenorrhœa must comprehend attention to general considerations, and special indications must be remembered in the various expressions of amenorrhœa. The treatment must, in a word, comprehend remedies and measures which are indicated by the etiological factors present in every case which comes up for treatment. When the amenorrhœa is caused by having contracted cold, the patient should have a warm sitz bath, and hot applications should be applied to the abdomen and thighs. Often a hot vaginal injection will serve a most useful purpose, and a laxative, preferably a saline, will greatly aid in bringing on the flow.

In amenorrhœa, delayed menstruation, and dysmenorrhœa Ergoapiol (Smith) has acted in my hands in a most satisfactory manner. In scanty menstruation, I found it particularly valuable, and I shall enter in detail about one of a series of cases of this character, later on in this article, where this agent brought on a full menstruation and the general health of the patient began to improve at once. When mental perturbation is a factor in these cases it is manifestly the duty of the physician to have the environments of the patient made as quiet as possible, and antispasmodic or nerve-sedatives should be added to the treatment.

When amenorrhœa is associated with syphilis, the uric acid diathesis or morbid condition must receive correct treatment. My experience with Ergoapiol (Smith) is such that I regard it as an indispensable remedy in all expressions of amenorrhœa along with proper remedies for any diseased condition associated in the causation of the affection. Of course, in those cases where the amenorrhœa is due to atresia of the cervical canal, and to any other condition which is remedial only by surgical means, drugs will prove of no avail. The same can be said of instances in the amenorrhœa due to a rudimentary state of the female organs of reproduction.

A lady some time ago brought her daughter to my office for treatment of amenorrhœa. The girl was 18 years old and was visibly anæmic. She had an indifferent appetite and was more or less dispirited. She had enough menstrual flow each month to stain the napkin, but this was all that could be said. I had this

(Continued on Advertising Page 18)

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In his recently published book entitled:

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Dr. Louis Jullien, Surgeon of Saint-Lazare Prison (Paris), has set forth a study of the medical and social consequences of gonorrhœa, which every physician should have available for reference, and as a means of pointing a moral.

While very helpful and suggestive in the matter of treatment, this work is chiefly useful as a study of conditions, the importance of which has unfortunately not been appreciated in many instances by physicians.

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patient take Ergoapiol (Smith), 1 capsule after each meal and on going to bed regularly for a month. At the next menstrual period the discharge was without pain and free, and the quantity and color was as natural as she had ever known her menstruation to be. She took Ergoapiol (Smith) in the same way another month, and then ceased to have any further trouble. Her color is good and her appetite is likewise excellent; she is full of spirit, and, in a word, well.

A lady, aged 33, had scanty menstruation, which had covered the period of a year. At no time in the year had her menstrual period been longer than eighteen hours, but generally twelve hours told the tale. Her menses were not only scanty, but the color of the menstrual blood was pale, and this was attended with a disagreeable odor. This woman had no associated disease that most searching examination could bring out. Still she had steadily increased in flesh for the last two years, and to this I attributed the amenorrhœa. I had this patient take systematic exercise and a dietary that was rational, and take Ergoapiol (Smith) with regularity, a capsule four times a day. After two months this woman ceased to take the remedy, her menstruation having become normal.

A girl, 20 years old, was sent to me by the matron of a boarding school. She enjoyed good health prior to entering the school, but for the past three months she had not menstruated, and was suffering constantly with vertigo and had attacks of hysteria. I attributed the amenorrhœa to change of conditions of life—that of an open life on a farm to that of a shut-in, inactive life. Ergoapiol (Smith) was given after each meal for two weeks prior to the day of her usual menstruation. This brought her menses on fully. She has since had no further trouble in this way.

Mrs. A. P. L., aged 35, suffered with frequent attacks of headache, had backaches nearly all the time, and suffered greatly with vertigo. She was the mother

(Continued on Advertising Page 20.)

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(Continued on Advertising Page 22.)

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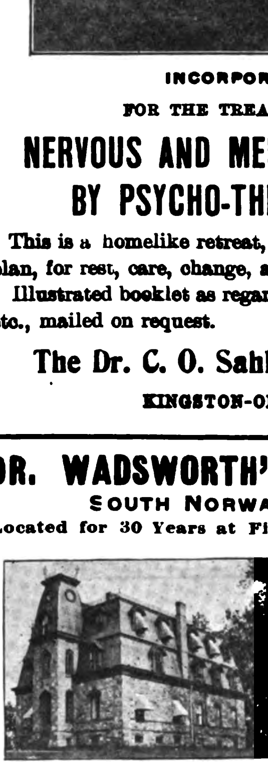

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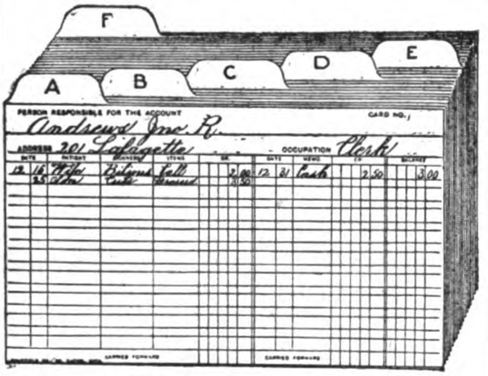

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The beneficial action of the morphine, however, was of short duration, as I was summoned again about two hours after, with the frightened remark that patient is suffocating.

When I arrived, I found patient hanging down his head from the bed, gasping for breath, as some food-masses could not pass through the mouth owing to the compressed chin. I tore off the bandage, and with the contents of the stomach the little gland commenced to flow with renewed vigor.. By this time, the man having sobered somewhat, after some arguments he permitted me to put in the necessary sutures.

Notwithstanding the internal administration of some stomachics the irritation continued; vomiting would not cease. I was compelled to inject hypodermically another dose of morphine, which after some minutes stopped that wretched retching.

The next day, however, as the effect of the morphine passed away, vomiting recurred.

Considering the fact that a simple alcoholic irritation of the stomach would yield to the prescribed treatment, I concluded that it could be but the swallowed secretions of the sublingual gland which caused this persistent irritation.

(CONTINUED ON ADVERTISING PAGE 24)

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First, I considered a washing of the stomach, but, as previously, I met with the opposition of patient.

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(CONTINUED ON ADVERTISING PAGE 27.)

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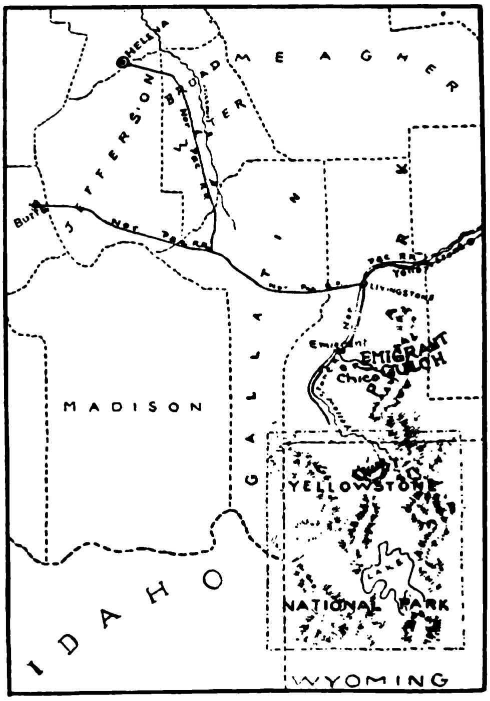

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THE
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MEDICINE AND SURGERY

VOL. XXVI. PHILADELPHIA, AUGUST, 1904. No. 8.

Clinical Lecture.

EPILEPSY.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,
Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

CASE I.

GENTLEMEN: This boy, 15 years of age, has been smoking cigarettes for two years and has also chewed tobacco. Within that period he has had numerous convulsive seizures. He is often attacked in the street and falls to the ground. During the spasm he is unconscious. When he recovers consciousness he is sleepy. He sometimes has a premonition of an attack in the form of strange sensations in the face or arm. In the latter part the feeling as if something were rising from the extremity to the neck. This is termed an aura, which is a Greek word signifying a breeze and is used because patients have often likened the sensation to a wave of cold vapor. After the fit his face is pale.

CASE II.

The second patient is a young man of 24. He is said to have had some brain trouble in his boyhood. Three years ago, while walking in the street, he became dizzy and fell. Sometimes this young man experiences an aura. The convulsions are described as of the clonic variety. I am told that during an attack his face is congested. He does not bite his tongue during the fit. This is a not uncommon occurrence in such cases. In the spasmodic contraction of the jaws the tongue may be caught between the teeth. The patient has sometimes had as many as three spasms in a day. He has dyspeptic symptoms. His tongue is large and flabby. The pulse is bounding and the heart irritable.

CASE III.

A single woman, 50 years of age, with a negative family history, had chorea when menstruation began at the age of 16. More than seven years ago, when she was 42 years of age, she had a convulsion. Three months later there was another, and six weeks after the second a third convulsion occurred. Then there was an intermission. In the following year there was but one convulsion. After this time there was a relapse, and she had a fit once in two weeks or six weeks. Attacks sometimes occur during the night, and in the morning she finds her tongue bitten. Eleven months ago she was attacked while cooking, fell upon the stove, and was burned.

The convulsions came on in consequence of a fall from a hammock by which her back was injured and on account of which she was confined to her bed for three weeks. There may have been concussion of the brain at that time. The seizures are perhaps becoming more frequent. At any rate, she has had several in the short time that she has been in the hospital.

In all these patients the spasms were of the same clonic variety, and consciousness was lost during the fit. It is evident that these three cases are all of the same kind and that a diagnosis of one will apply equally to the others. We shall next ask whether we are dealing with tumor of the brain, hysteria, or uræmia. Neither the history nor the aspect of the patients is indicative of nephritis. There is no dropsy. There are no puffy eyelids. Moreover, we may absolutely eliminate uræmia, for the urine of each patient has been examined and in each case there is an absence of albumin or casts. Boys and elderly women are not usually hysterical. Hysterical convulsions are very frequently preceded by the sensation of a ball rising in the throat: the so-called *globus hystericus.* In hysterical convulsions the respiration is very rapid; consciousness is very seldom, if ever, lost; the tongue is not bitten, nor is there an involuntary discharge of urine, fæces, or semen. These features, absent in hysteria, are conspicuous in epilepsy. The patients before us are all afflicted with epilepsy. Clonic spasm and loss of consciousness are denotive of epilepsy. Tumors of the brain cause convulsions. A large number of cerebral tumors are due to syphilis, and in such cases we may often obtain a history which points us to syphilis, and in some instances we may detect signs of the existence of that disease.

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[1] **A clinical lecture delivered in the amphitheater of the Medico-Chirurgical Hospital.**

Epilepsy is a disease of the cerebro-spinal nervous system, and is induced by influences which cause a discharge of motor impulses. It would seem that, back of these influences, there must be a susceptibility or instability of the motor centers. When these are irritated—as, for instance, by the pressure of a tumor—we witness a peculiar form of convulsion called, in honor of a distinguished English neurologist, Jacksonian epilepsy. In this form of the disease the spasm always begins in a certain part, it may be in the thumb or it may be in the foot, extending upward to the trunk of the body and then becoming generalized.

The word epilepsy etymologically signifies a seizure. The condition which causes or permits the convulsions is chronic or persistent, but the spasms themselves are periodical, and occur with varying frequency, as shown particularly in the history of our third patient.

You are aware that nervous diseases are to a large extent hereditary. To use the popular expression, "they run in families." The morbid impressibility of the nervous system does not exhibit itself always in the same form in each generation. Thus, in one generation there may be hysteria or insanity or inebriety, and in the succeeding may appear epilepsy or other serious nervous disease. This fact is also illustrated, perhaps, in our third patient, who tells us that in her youth she suffered from chorea. She is unable, however, to furnish me with any particulars concerning her parents.

In predisposed individuals those habits which impair the nutrition of nerve-centers may lead to epilepsy. Our first patient is a poorly developed boy who acquired the habit of using tobacco at the immature age of 13. You have been instructed as regards the powerful and deleterious influence which tobacco exerts upon the nervous system. Every session we have in this clinic several examples of nicotinism: the noxious effects of tobacco. The patients are generally boys or young men.

The second patient is a victim of autointoxication. He had been in the habit of gorging himself with all sorts of indigestible foods. An unhealthy strain was placed upon the digestive glands, they were unable to respond to all the calls made upon them, and the consequence was imperfect digestion. You know that the human body is a vast laboratory of physiological chemistry. Poisons are generated within the system, as well as nutritious substances. In cases of chronic indigestion the accumulation of toxic products may produce epilepsy. I am going to anticipate so far as to say that I have previously had this young man under observation and that under a regulated diet and measures addressed to the condition of the alimentary canal the fits were absent for a long time. Then, becoming neglectful of the precautions which I had enjoined, he yielded to his appetite and ate heartily of forbidden food. He has paid the penalty of his disobedience and indiscretion by a return of the convulsions. In all probability this young man was possessed of a morbid susceptibility; whether this was of hereditary derivation or not, I cannot say. He is said to have had some brain trouble in his boyhood. The statement is of the vaguest sort. It is known, however, that the reflex convulsions of children, due to digestive disturbances or worms, are sometimes followed by true epilepsy. Thousands of children have spasms who never become epileptics, but with an hereditary tendency to nervous disease, an instability of the central nervous system, we may witness the development of epilepsy. I am disposed to think that this is such a case.

We are obliged to class epilepsy among the functional diseases. There is no constant and characteristic lesion. That variety which depends upon tumor or other gross alteration of the brain is only symptomatic.

Epilepsy is a not uncommon disease in populous cities. There are few of you—probably none—who have not been eye witnesses of the contortions of some unfortunate stricken on the street. The epileptic fit is undoubtedly an impressive spectacle.

Even in those cases preceded by an aura the premonition is exceedingly brief. The patient utters an unnatural cry or piercing shriek—epileptic cry—and falls to the ground, face forward, as a rule. Contusions and lacerations are often caused by the fall or, as in the case of our third patient, burns result from falling upon a hot stove or cooking range.

"The falling sickness" is an old-time popular name for epilepsy. The disease has been recognized from time immemorial. In ancient times it was known as *morbus sacer*, the sacred, or holy, disease, because it was supposed to be a special infliction of the gods. It was described by Galen in the second century of the Christian era, and it was that great writer who laid stress upon the occurrence of the aura.

As regards the severity of its manifestations epilepsy is divided into major or, after the French, *grand mal*, and minor, or *petit mal*. The major attack, of course, is that attended by violent convulsions.

When the patient falls in a fit he is at first rigid: there is a tonic rigidity of the general muscular system. This stage lasts from a few seconds to half a minute. Then a tremor appears which is soon intensified into clonic convulsions. The face, which had been pale, becomes dark red or purplish, and the features are horribly swollen and distorted. The head is drawn to one or the other side or backward; the features twitch spasmodically, the entire body may writhe to and fro, and the patient froths at the mouth. The foam is often bloody from biting of the tongue. The stage of clonic spasm lasts from half a minute to five minutes. A heavy sleep generally follows the fit.

The essential element of the *petit mal* is a brief period of unconsciousness. There is no general spasm. There may be slight clonic twitching of the face. The face is usually pale, and the eyes fixed. The duration of the unconsciousness is but a few seconds. It may occur in the midst of a conversation, a momentary pause occurs, and then the individual resumes his talk, unaware that there has been any interruption. I have known a man to have such attacks while hanging on to the strap of a crowded street car. These mild attacks may long exist without being recognized. This is more particularly the case if they occur principally at night.

There is another condition in which before one convulsion is ended a second begins and in this manner several may follow in succession, the patient all the time lying unconscious. This is known as the *status epilepticus*.

As a rule, the disease does not directly threaten life. Epileptics may live the allotted span of life. In some cases life is terminated by some accident due to the fall, as a serious burn, for example. The convulsions may often be held in abeyance by judicious treatment, although the disease is unapt to be thoroughly cured.

In the progress of epilepsy the higher mental faculties are generally impaired. Patients become dull of intellect, apathetic, and irritable in temper. They are very apt to be hearty eaters. They are peculiarly susceptible to the action of alcohol. Not infrequently epilepsy is associated with imbecility.

In treating epilepsy we may naturally distinguish between the treatment of the convulsive attack—the seizure—and that of the general system in the interval with the view of preventing attacks, lessening their frequency, or possibly producing a radical cure.

It may be the lot of some of you to witness an epileptic attack upon the street on the day when you receive your license to practice. In sudden emergencies every physician considers that professional duty calls upon him to render what aid he can to an afflicted human creature. What can we do to alleviate the spasm? Little or nothing if it be fully established. In cases preceded by an aura a fit may sometimes be everted by encircling the limb with a moderately tight ligature. The patient may be instructed to carry with him constantly a girdle for this purpose. The inhalation of amyl nitrite may also do good at this stage. Pearls containing this agent can be provided by the patient and crushed in a handkerchief at the instant of warning of an impending attack. When the spasm is established all that we can do is to give the unfortunate sufferer an abundance of fresh air, drive away the gaping crowd if the attack occurs on the street or in a public place, raise his head, loosen the wearing apparel, and take measures to prevent him from hurting himself in his contortions. A piece of soft wood, rubber, or a roll of linen should be placed in the mouth in order to prevent wounding the tongue. No attempt should be made to waken the patient from the sleep following the convulsion, or postepileptic coma.

The question then arises: what can be done to prevent recurrence of the attacks? This is more easily asked than answered. I am sure of one thing, however, and that is there is no stereotyped, routine treatment of epilepsy. All patients should be placed under the best possible hygienic conditions. They require fresh air, free ventilation, absolute cleanliness, and a selected diet. Moderate exercise in the open air is advisable if not carried to the point of exhaustion. A similar principle should guide us as regards mental work. Some intellectual employment or diversion should be encouraged, but mental strain should be carefully avoided. We must inquire into the individual's habits. He or she must lead a strictly temperate life in all respects. Excitement and dissipation should be strictly prohibited. Alcoholic drinks should be forbidden. Tobacco should be used only in moderation, better not at all, and the individual should abstain from venery or self-abuse. Constipation should be overcome. Coffee, tea, and condiments should be avoided. A sojourn in the country may be of advantage on account of its tonic effect upon the nervous system.

Except by accident the physician does not usually see the patient in the convulsive stage. Upon the occasion of a first convulsion a physician may be summoned in alarm, but when others have happened and the nature of the disease has been recognized the immediate alarm, as regards the fit, has passed. Terrifying as is the *grand mal*, it is extremely rare that a patient dies in consequence of the fit. It is, therefore, in an interval that the patient is brought to the doctor, as is the case with those now in our presence, with a view of learning what can be done to prevent future seizures. From what I have already said you will be extremely guarded in your opinions and promises. Beware of adopting any routine method of treatment. Study earnestly to discover the exciting cause of the disease. If you are successful in your endeavor your next effort will be to remove this cause of mischief in the hope that with it the tendency to fits will be checked or entirely suppressed. It is along such lines that we may look for the best results in the treatment of epilepsy.

In addition to the hygienic, dietetic, and other general measures to which I have alluded there are a certain number of remedies which are of frequent use in the treatment of the disease. Among these the chief is a bromide. The bromide of potassium is the salt, perhaps, most often employed, although some practitioners prefer the bromide of sodium or ammonium, while others still, among whom was the late Brown-Séquard, are in the habit of combining the preparations named and giving them in combination with an alkaline solution, as, for instance, sodium bicarbonate. A simple antispasmodic may also be added to the mixture, such as a preparation of valerian.

Belladonna was a favorite remedy with that eminent clinician, the late Professor Trousseau. This may also be very acceptably combined with a bromide. Of more recent years our armamentarium has been amplified by the introduction of other preparations containing bromine, such as the bromide of strontium, of calcium, gold, and nickel, as well as the monobromated camphor. A few drops of Fowler's solution—liquor potassii arsenitis—in each dose will lessen the disadvantages to which the bromides are liable. When the bromides are prescribed for epilepsy it is best to begin with 10 or 15 grains thrice daily and to increase the amount gradually until troublesome evidences of bromism supervene or until we have ascertained how large a daily dose is necessary to hold the spasms under control. In addition, however, to the eruption, which is almost sure to be caused by the long-continued use of a bromide there are more serious drawbacks. It may greatly disorder the digestive function, weaken the action of the heart, and impair mentality. I am cognizant of a case in which a young girl became almost imbecile from the effect of the drug. As the popular phrase is, the cure is as bad as the disease. Therefore, I ask you not to let the word epilepsy at one suggest bromide, and when you do give that preparation watch its effects for bad and good.

Belladonna is now generally given in the form of its active principle, atropine. It may succeed where the bromide has failed. It should be given in small and gradually increasing doses.

Before the introduction of the bromides silver nitrate was in great vogue as a remedy in epilepsy. It is now comparatively little used. It is, however, an excellent nerve-tonic and has also a beneficial influence upon the mucous membrane of the gastro-intestinal canal and the digestive functions. I am in the habit of employing this remedy in suitable cases. This salt of silver is open to a formidable objection. It stains the skin a permanent blue color. With the advent of the bromides and the comparative disuse of the silver blue people are not so often seen. At the time when silver was the main reliance in epilepsy and other chronic diseases of the nervous system it was by no means uncommon to encounter, on the street or elsewhere, people who were stained dull blue. Even now I occasionally meet such an individual. This unfortunate accident may be avoided by never continuing the medicament longer than six weeks without an extended intermission.

The oxide and valerianate of zinc are agents which may be employed in the treatment of epilepsy.

Borax has recently been proposed as a substitute for the bromides, and in some cases has given encouraging results. It is advised to be administered in doses of 10 grains after meals, gradually increasing to a drachm. Borax has the disadvantage of causing rashes upon the skin, conjunctivitis, and œdema.

Solanum Carolinense, or horse-nettle, a solanaceous plant, lessens the severity and the frequency of epileptic seizures.

Reverting now to the cases before us the first indication as regards the boy is to stop the use of tobacco. I shall have him placed upon a simple, but nutritious, diet and shall prescribe for him:—

℞ Podophyllotoxini, gr. $^1/_{15}$.
Zinci oxidi, gr. $^1/_4$.
Extract. gentianæ, gr. j.
Extract. belladonnæ, gr. $^1/_{20}$.
Extract. nucis vomicæ, gr. $^1/_{20}$.
M. et ft. pil. no. j.
Sig.: Three or four such pills *per diem.*

The second patient—the young man—was placed upon a skimmed milk diet, and there was a decided reduction in the frequency of attacks. He was given a mercurial pill to relieve his constipation, and the following was prescribed:—

℞ Argenti nitratis, gr. iij.
Syrup. acaciæ, ℥iij.
M. Sig.: Teaspoonful four times a day.

The woman was restricted to a milk diet and was ordered a mixture containing $^1/_4$ grain of silver nitrate to each dose; also a compound sumbul pill, the formula of which is:—

℞ Extract. sumbul,
Pulv. asafœtidæ, of each, gr. j.
Extract. rhamni pursh., gr. ss.
Aloini, gr. $^1/_{10}$.
Extract. nucis vom., gr. $^1/_8$.
Oleoresinæ zingiberis, *m* $^1/_4$.
M. et ft. pil. no. j. Mitte no. xxiv.
Sig.: One pill thrice daily.

She has had several spasms since she entered the hospital. The prognosis is bad in this case, on account of her age and the nature of the exciting cause—viz., a traumatism.

The boy and the young man may be cured if they will amend their habits.

Site for Pennsylvania State Hospital.—The commission appointed by the last legislature to select a tract of land for the State hospital for the feeble-minded and epileptics has decided on a tract of 300 acres along the Schuylkill River near Spring City, Chester County.

Original Communications.

BRIGHT'S DISEASE, RENAL AND VESICAL CALCULI, AND A NEW APHRODISIAC.[1]

By John Ashburton Cutter, B.Sc., M.D.,
NEW YORK CITY.

In 1892, a man, aged 56 years, a veteran of the Civil War and a politician, came under my care. He was obese, and for years had drank more or less freely of beers and liquors. On examination his urine was found to contain albumin, casts, and fatty epithelial cells, as well as free blood-corpuscles.

Besides these, the patient suffered from renal colic, and one calculus passed through the right ureter which was $^5/_8$ inch long and $^1/_4$ inch in diameter. Its click on striking the *pot de chambre* was plainly audible.

I put him on a diet of broiled beef, lamb, and mutton, and allowed only one vegetable kingdom food at a meal, choosing from toasted bread, cracked wheat, wheatlet, wheatena, spinach, baked potato, hominy, and rice. The relishes permitted were pepper, salt, butter, Worcestershire sauce, horse-radish, and lemon-juice. Care was taken of the skin, and medicines given as indicated in order to regulate the digestion, bowels, and liver. He was also directed to drink freely of some neutral spring-water containing not more than from 4 to 8 grains of solids to the gallon, or an aërated, distilled water, at least 2 quarts being taken daily, and generally ingested while hot. He followed this prescribed course, carefully abstaining from all beer and liquors, and under this treatment the signs of chronic kidney degeneration gradually disappeared and no more renal calculi have occurred.

Some two years ago—for all this time I have kept the case under close observation

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[1] Reported to the Medical Society of the Borough of the Bronx, April, 1904.

—he began to complain of pain in the head of the penis and difficulty in urinating. The urine contained triple phosphates and a heavy deposit of muco-pus, the corpuscles being distended by granular gravel. The introduction of a sound into the bladder showed the presence of a calculus, and brought on an attack of urethral fever. A friend advised immediate operation for stone, but as albumin was occasionally present in the urine, although in small amounts (casts and fatty epithelia being absent), I strongly opposed an operation, as I feared the patient would die on the table, as a distinguished publicist did a few years ago in this city. I made no change in the meat diet, but urinary sedatives were given. Larger amounts of distilled water were taken daily, and helmitol prescribed in doses of from 7 $^1/_2$ to 15 grains three times a day.

At the present time there is very little muco-pus in the urine, and the corpuscles are materially reduced in size and are whiter in appearance, showing that there must be less irritation from the vesical stone. There is no pain on urination; the only pain experienced is in the glans penis, when he leans forward. The patient is now 68 years old, and went through the recent protracted cold winter safely. He is able to be about and attend to his business. I am convinced that there must be a diminution in the size of the stone, but have abstained even from passing a sound, being content to let matters rest as they are.

Now, here is a man with a wonderful constitution who by his mode of life had brought on kidney degeneration, with deposits of stone in the kidneys and bladder. There has been marked relief in all these conditions. After passing his sixtieth year his sexual vigor, which had continued undiminished since puberty, began to wane. And here comes the strange feature of the case. After the exhibition of helmitol for its supposed action on the phosphatic stone the patient one morning complained of the aphrodisiacal power of this remedy. As the weather was cold, he preferred not to be disturbed by an erection in the morning. I then endeavored to ascertain if any aphrodisiacal properties had been noted in regard to helmitol, but my search resulted negatively.

From this time I observed the case very closely as to this special feature, and have become convinced that the drug has decided aphrodisiacal power. If the medicine is discontinued he will have no erection the following morning, but if two or three doses are given, from 7 $^1/_2$ to 15 grains, during the day, an erection invariably occurs on the following morning and the patient has performed his marital functions twice a week to the satisfaction of both parties.

It seems to me that a further trial of the preparation in this direction is desirable.

I make no comments on the history of the case otherwise. There is much at present in medical literature concerning the risks of meat diet, and men who ought to know better write with great unction of red butchers' meat and its alleged dangers. Yet broiled beef of good quality nourishes all tissues and rarely produces digestive disturbances. In eighteen years of practice especially connected with the management of chronic diseases I have seen but three cases of beef dyspepsia, and I am prepared with records of many cases of kidney and other diseases to show its value, and without risk, as in this case.

Flat-iron Building,
July 15, 1904.

American Gastro-enterological Association.—The following officers were elected for the coming year: President, Dr. S. J. Meltzer, New York City; vice-presidents, Drs. F. H. Murdoch, Pittsburgh, and H. W. Bettmann, Cincinnati; secretary, Dr. C. D. Aaron, Detroit. The next meeting will take place in New York during the Easter vacation.

TUBERCULOUS PLEURISY IN THE COURSE OF TYPHOID FEVER.[1]

BY E. MOSNY,
Physician to the Hôpital Saint-Antoine,
AND
O. BEAUFUMÉ,
Hospital Interne.

PLEURISY is an infrequent complication of typhoid fever. It is rarely the first, or even an early manifestation, but generally occurs during the decline of the fever or during convalescence. The pleurisy is sometimes sero-fibrinous, often hæmorrhagic, and still more often purulent. It is commonly admitted that in nearly all cases we are dealing with a precocious, or more or less tardy, manifestation of the typhoid infection, and current opinion attributes to the bacillus of Eberth the genesis of most cases of pleurisy developing during the course, the subsidence, or the convalescent stage of typhoid fever.

It appears, however, that these statements cannot apply to all cases; sometimes serous pleurisy (as in the present case), or purulent (Kelsch, Vincent, Besson) is of tuberculous origin, a pleural determination of a latent tuberculous infection, probably awakened and developed by an intercurrent typhoid fever.

The case which we shall describe shows precisely that, notwithstanding appearances, a sero-fibrinous pleurisy, bilateral, occurring at the end of the fourth week of typhoid fever, evolving within a few days, and subsiding without sequels, the cytological formula of which is expressed by an almost pure polynucleosis, may in reality be due to tuberculous infection, as is demonstrated beyond question by the positive result of inoculation of a guinea-pig.

HISTORY OF THE CASE.—Germaine Pa., a domestic, aged 18 years, entered the Hôpital Saint-Antoine on March 12, 1904, complaining of atrocious headache and weakness.

The family history revealed nothing of interest. Her father and mother, aged, respectively, 45 and 48 years, were in good health, as were also her two brothers. She was unmarried, had never borne a child or had a miscarriage. It seemed impossible, therefore, to admit the occurrence of a family contamination by the bacillus.

With the exception of whooping-cough and measles in early childhood the patient had not suffered from any serious disease. Menstruation began at the age of 14 and had always been perfectly regular.

The present illness had begun fifteen days previously, with violent headache, insomnia, a vague and persistent malaise, weakness, and loss of appetite. There was no diarrhœa, constipation, or epistaxis. For several days she continued at her work. She then went to the home of an uncle. There a physician saw her and, suspecting typhoid fever, had her sent to the Saint Anthony Hospital. At this time the patient exhibited the symptoms of typhoid fever. She was prostrated; her tongue was heavily coated, saburral, but moist, and tremulous; the throat was red. The abdomen was somewhat swollen and painful to palpation. There was gurgling in the right iliac fossa, although there was slight constipation which only yielded to injections. There was no appetite. There were no rose-colored, lenticular spots with the exception of a single one near the umbilicus, and the nature of this was doubtful. The liver was normal. The spleen was slightly enlarged. The heart was sound. The pulse was rapid and somewhat dicrotic, but regular.

Palpation and percussion of the thorax in front and behind revealed nothing abnormal. Upon auscultation, however, the sibilant and sonorous râles of bronchitis were heard anteriorly and posteriorly throughout the chest on both sides. There were also at the base of the right lung some subcrepitant râles denotive of broncho-pulmonary congestion. There was neither cough nor expectoration.

The patient complained of continual

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[1] Translated for THE MEDICAL BULLETIN from La Tribune Médicale, July 9, 1904.

and very severe frontal headache. There was neither excitement nor delirium. The insomnia of the first days had ceased and the patient slept a little at night. She passed her urine in bed. The fluid was albuminous. The sero-diagnosis was positive. Agglutination was perceptible to the naked eye, and, under the microscope, $^1/_{40}$, in an hour.

This condition persisted from the beginning (March 12th) without notable change for ten days when, on March 22d, the existence of a bilateral pleural effusion was recognized. On the right side the fluid was abundant. It rose to the fifth spinous process behind and to the inner part of the third intercostal space in front. Above the effusion the sonorousness, the vibrations, and the respiration were increased; below they were abolished. There were also, above the effusion, in the space between two transverse lines passing through the second and fifth spinous processes, a pleuritic souffle, œgophony, and aphonious pectoriloquy. Upon the left side was an interlobar effusion, not very abundant, shown by the existence of an oblique band below and, externally, œgophony and dullness on the line of the interlobar fissure. The general condition was bad, the tongue was dry, the lips were covered with sordes, and the pulse was irregular.

On the following days the signs of pleural effusion extended, to the left, from the interlobar fissure to the summit; on the right, over all the lung (March 25th).

On March 28th, however, all the signs of pleural effusion disappeared on the left side, except a persistent focus of broncho-œgophony in the interscapulo-vertebral space. Upon the right side the signs persisted without change. But two days later, on March 30th, at the apex and along the spinal column, were perceived harsh respiration, friction sounds, and subcrepitant râles. On the next day, March 31st, nine days after the beginning of the pleurisy, all the signs of effusion had disappeared upon the right side. Exploratory puncture was negative. The respiratory sounds were weak.

Next appeared and developed signs of consolidation of the right apex and pleuritic thickening at the base. There were diminution of respiration, dullness, and exaggerated transmission of the thoracic vibrations: signs which persisted when the patient left the hospital, May 6, 1904, nearly two months after her entrance.

The general condition of the patient, during the entire course of the illness, was faithfully indicated by the thermic curve. It improved and the temperature fell until the absorption of the pleural effusion. For twelve days the temperature oscillated irregularly between 37° and 37.8° C. (98.6° and 100.4° F.); then, about April 10th, for twelve days, the temperature rose without any other plausible explanation than a bacillary invasion of the right apex. Defervescence was complete by April 22d, the fifty-sixth day of the typhoid fever.

The pulse, which in the beginning was 110 to 120, fell to 100 when the pleural effusion disappeared, and remained at that rate.

The daily quantity of the urine could not be determined, as the patient long suffered from incontinence. The albumin was at first of notable amount, but was not long in disappearing. No special mode of treatment was adopted. A milk diet was absolute until April 5th, when the regimen was enlarged. Sero-diagnosis was practiced for the blood and the pleural liquid. The culture of Eberth's bacillus was agglutinated $^1/_{40}$ in an hour by the blood-serum on March 14th, two days after the entrance of the patient into the hospital, on the seventeenth day of the typhoid fever, and before the pleurisy began. The agglutination was decided and positive under the microscope and to the naked eye. Ten cubic centimeters of this blood sown in 100 cubic centimeters of bouillon remained sterile. On April 27th, the sixty-first day of the typhoid fever and four weeks after the disappearance of the pleural effusion, the agglutination of Eberth's bacilli by the blood-serum was negative in the same dilution.

Exploratory punctures of the pleural cavity were practiced only on the right side, that upon which the effusion was the most abundant and for the longest time persistent. They were positive on March 23d and 26th, negative upon March 31st and April 1st. Twenty cubic centimeters of pleural serum from each of the two positive punctures were composed of a brownish fluid which formed, after centrifugation, an abundant, reddish clot. The first fluid withdrawn was rich in fibrin; the second contained but little. That from the first puncture (March 23d) did not agglutinate with Eberth's bacilli.

Ten cubic centimeters of pleural liquid from the first puncture sown in 100 cubic centimeters of ordinary nutritive bouillon gave a negative result. In a tube of nutritive bouillon 1 cubic centimeter of pleural serosity from the second puncture produced, but only upon the next day, a pure culture of white staphylococci.

The cytological examination of the pleural serosity from the right side yielded the following results: The first positive puncture, of March 23d, brought forth a fluid rich in figured elements, especially polynuclears; the proportion of the different elements was:—

Polynuclears	60	per cent.
Endothelial cells	27	" "
Mononuclears	13	" "

The polynuclears were nearly all of the ordinary kind. They were, for the most part, healthy; some were in pyenosis. There were almost no eosinophile polynuclears. Most of the endothelial cells were altered, fenestrated; a few were macrophagic. The mononuclears were normal. We count as mononuclears certain elements, very few in number, having but a single nucleus, but which might be equally regarded as lymphocytes.

On the second positive puncture of March 26th the formula of the pleural exudate was profoundly modified and the percentage of figured elements was as follows:—

Polynuclears	20	per cent.
Subdivided into:—		
Ordinary polynuclears	17	" "
Eosinophile polynuclears	3	" "
Endothelial cells	11	" "
Mononuclears	14	" "
Lymphocytes	55	" "

In this specimen the lymphocytes predominate. The mononuclears are in the same proportion; the endothelial cells diminish, but retain the same fenestrated appearance. The proportion of ordinary polynuclears was very notably decreased at the same time that eosinophile polynuclears appeared. In each of these two punctures the red globules were numerous.

A part of the fluid taken from the pleura on March 23d was inoculated into a guinea-pig, who received 20 cubic centimeters in the peritoneal cavity. The animal died in a month, on April 24th, and presented organized granulomata in all the abdominal organs and even in the lungs. The examination of the caseous epiploic glands revealed the presence of numerous bacilli tuberculosis, short and nonfragmented.

SUMMARY.—A young girl of 18 years, whose family and past personal history are free from all taint, from every morbid manifestation, every appreciable risk of tuberculous contamination, leaves La Creuse where she was born in order to obtain a situation in Paris as a domestic.

Six months after her arrival in Paris she enters the Hôpital Saint-Antoine in the fifteenth day of a disease which had begun as typhoid fever and which presents actually the constitutional symptoms, the functional troubles, and the physical signs which are commonly observed at the end of the third week of typhoid fever. The positive results of the test of sero-diagnosis, furthermore, confirm those of the clinical examination. The disease pursues without accident its accustomed course, exhibiting itself as a mild attack, notwithstanding a bilateral broncho-pulmonary congestion, not very severe, however, and noted from the entrance of the patient into the hospital, such, in a word, as is often observed in the course of typhoid fever.

At the time when convalescence should approach, but before the temperature had fallen to the normal, on the twenty-fifth day of the disease, there suddenly supervened a double pleural effusion, sero-fibrinous, interlobar on the left, basilar on the right side, readily recognizable by the usual stethoscopic signs and demonstrated beyond all doubt by the positive results of two exploratory punctures of the right side.

After four days of increase of the effusion in both pleural cavities, but especially in that of the right side, it diminished and then completely disappeared from the sixth day of its occurrence in the left pleura, the ninth in the right pleura.

Now, this bilateral pleural effusion, so temporary, occurring in the decline of a typhoid fever, not only not agglutinating the culture of the bacilli of Eberth and not containing any of these bacilli, which is not rare, but also—a particularly important fact and to which we wish to call attention—contained the bacilli of tuberculosis so virulent and so abundant that inoculation of a guinea-pig killed it in five weeks with generalized and confluent lesions of granuloma.

However complex are the morbid phenomena which succeeded each other without interruption in this patient, it is none the less easy, in our opinion, to reconstitute the affiliations and attribute to each of the infections, typhoid and tuberculosis, the part which it performed in the production of the different manifestations.

We believe the case to have been one of benign typhoid fever, which awakened latent tuberculous lesions. These assumed the clinical form of a serous, bilateral pleurisy, the effusion of which was completely absorbed in a few days.

It matters little whether the broncho-pulmonary signs noticed at the time of the patient's entrance into the hospital were directly dependent upon the typhoid infection, as occurs so frequently in the progress of that disease, and that these broncho-pulmonary lesions of typhoid nature had awakened and favored the evolution of latent tuberculosis of the lungs and pleuræ, or whether, on the contrary, latent lesions, tuberculous from the beginning, of the lungs and pleuræ, were fortuitously aroused by a general, intercurrent typhoid infection. Neither of these hypotheses can be proved, and both are of equal probability.

The only fact with which we need concern ourselves is the revival and revalation of latent tuberculous lesions by typhoid fever.

The diagnosis of typhoid fever is not doubtful: the clinical evolution and the positive sero-diagnosis $^1/_{40}$ in an hour are conclusive. In contradiction to this diagnosis no reliance can be placed on the negative results of examination for Eberth's bacillus in the blood on the seventeenth day and in the pleural serosity on the twenty-sixth day of the disease or on the failure of agglutination on the sixty-first day. These are circumstances too frequent, if not habitual, in the later periods of typhoid fever to adduce as arguments against the diagnosis of that disease.

On the other hand, it is very certain that typhoid symptoms so marked as those observed when the patient was admitted to the hospital manifest themselves during tuberculous pleurisy only when there is pleural granuloma, and are then present from the commencement. Such was not the case in this pleurisy, so evanescent and so mild, occurring nearly four weeks after the advent of general symptoms.

We might, indeed, with more reason, question whether the pleural effusion was of tuberculous or typhoid origin, for the positive result of the inoculation of the guinea-pig does not render such a discussion superfluous. It is evident that in addition to the experimental proof the clinical features of this pleurisy are rather more in favor of a typhoid than a tuberculous origin.

But the positive result of the inoculation of the pleural serosity into the guinea-pig is an argument to which there is no reply. Without continuing, therefore, a discussion which might be tedious we will content ourselves by pointing out the real or apparent anomalies of the clinical evolution and the cytological formula of this tuberculous pleurisy.

The bilaterality of the sero-fibrinous effusion, its fugacity, its rapid and complete disappearance, will surprise no one, if the tuberculous nature of pleural effusions is demonstrated upon the guinea-pig and even the most evanescent attacks are seen every day.

In this manner is explained the sudden and unforeseen occurrence of a serous, tuberculous, bilateral pleurisy in the decline of typhoid fever. Typhoid fever, even benign, and even without any of those broncho-pulmonary accidents so frequent in the beginning, may awaken and reveal latent tuberculous lesions of which no personal signs or family tendency gave reason to suspect the existence.

Therefore these so-called clinical anomalies should not be regarded as such in reality. These peculiarities of our case, however worthy of note, do not, nevertheless, constitute valid arguments against the tuberculous nature of the pleural effusion.

It remains to discuss the interpretation of the cytological formula of the pleural exudate. This is evidently not the customary formula of tuberculous pleurisy; above all, at the date more or less distant from the beginning of the exudation when they are most commonly observed.

The initial predominance of the polynuclears and the endothelial cells in the pleural serosity points to the lesions of the pulmonary parenchyma. This accords with the clinical course of the disease prior to the occurrence of the pleurisy. Four days after the first puncture, which yielded a fluid particularly rich in polynuclears and endothelial cells (87 per cent.), a second puncture obtained a serum very poor in the same elements (31 per cent.) and, on the contrary, rich in lymphocytes. It is very probable, in view of what we know concerning the evolution of the cytological formula of tuberculous effusions of the pleura, that in the present case it would have become a lymphocytosis if the duration of the effusion had allowed the time.

The persistence of the polynucleosis, in other words, depends entirely upon the too short duration of the pleural effusion.

We do not in the least doubt the existence of typhoid pleurisy in origin and nature. This would be to deny the evidence, above all, as regards the serous or hæmorrhagic pleurisy of the beginning of typhoid fever. The proof of the typhoid origin has been made in many cases.

We believe, however, that the occurrence of a serous or even a purulent pleurisy in the defervescence of typhoid fever or during convalescence should always cause a suspicion of tuberculosis even when, as in our patient, no family taint, no anterior personal incident, gives rise to a suspicion of latent tuberculous lesions. This origin should be suspected notwithstanding the clinical features, the bilateral manifestation, its short duration and disappearance without traces, and notwithstanding the results of the cytological examination.

We would even go further and deny the right of rejecting the diagnosis of the tuberculous nature of a pleurisy appearing in the decline of typhoid fever when the pleural serosity shows a pure culture of Eberth's bacillus, for we know that that organism may be associated with the bacillus tuberculosis. Only inoculation of the guinea-pig with the serum is capable of revealing the tuberculous nature of the effusion. This experimental proof should never be disregarded in cases of pleurisy complicating typhoid fever.

It is not without interest to the patient to determine whether the complication is of typhoid origin and free from ulterior consequences, or whether it depends upon tuberculosis, which is always capable of compromising the future. Nevertheless, this experimental proof is rarely made. It seems that systematic inoculation would conduce to an entirely different conception of typhoid pleurisy from that which now prevails, or at least lead to the recognition of the duality of its origin, viz.: truly typhoid in certain cases, certainly tuberculous in others.

The pernicious influence of typhoid fever upon latent tuberculous lesions is known. Sero-fibrinous pleurisy should be no exception to the rule.

Abstracts.

Study of a Patient Deprived of the Labyrinth.

Dr. Klug, of Budapest, writes of the case of a patient who had lost, through suppuration, almost all of both labyrinths. The patient was a boy 6 years of age. Two months previously he had had scarlatina. When he entered the hospital he had had otorrhœa for four weeks. He was apathetic, slept nearly all the time, and was interested in nothing. The pulse was frequent: 120 to 130 a minute. There was no fever. There was double facial paralysis. There was mastoiditis of the left side with external signs. Both conduits were full of fœtid pus. The child had no recognition of sound.

The left ear only was operated upon at first. There was a large sequestrum of the mastoid, leaving exposed after being extracted the anterior and posterior cerebral fossæ. Another sequestrum was composed entirely of the labyrinth, and was also removed.

An amelioration in the general condition having been produced, the right ear was, in its turn, operated upon one month later. The entire process was likewise necrosed as well as a large portion of the petrous bone, including the labyrinth. Cicatrization occupied five months. The child gradually became mute. The facial paralysis remained. During convalescence he underwent attacks of small-pox, measles, severe bronchitis, acute enteritis, and pneumonia.

After recovery there was uncertainty of movements when he was in the water. When his eyes were open he walked with his legs straddling widely apart, but straight toward his goal. With the eyes closed he swayed slightly, but could not keep the straight line. To stand upon one foot was impossible, whether the eyes were open or closed. Even with a current of 15 milliampères the child was scarcely incommoded. There was neither vertigo nor a luminous sensation, no abnormal movement of the eyes, no nystagmus, and no flexion of the body to one or the other side. Rotary vertigo in a rapidly turned balance was not obtained.—Revue Hebdomadaire de Laryngologie, etc.

Acute Peritonitis during Pregnancy Due to Dysenteric Diarrhœa and Obstipation.

At a meeting of the Society of Obstetrics, Gynæcology, and Pædiatrics M. Legendre reported a case showing that obstipation during pregnancy, by which it is favored, may be the cause of death by producing acute peritonitis.

A woman, 44 years of age, who had had four children, entered the Hôpital Lariboisière in January, 1904. This woman, always very constipated, had suffered, since the early part of September, 1903, from violent attacks of colic. In October the menses ceased. From that time until her entrance into the hospital the woman was tormented by the alternation of diarrhœa and constipation. Coincidently the abdomen enlarged and the general condition was changed (fatigue, pallor, emaciation). In January the pain became sharp and generalized over all the abdomen. The stools were glairy, liquid, and sanguinolent. Palpation of the iliac fossæ revealed a tender area, which gave the impression of an intestinal agglutination and the sensation of hard and rounded stercoraceous masses. The countenance was very pale. A diagnosis was made of enterocolitis and chronic peritonitis. A portion of the scybalæ was removed. On January 20th there was nausea with violent pain. The temperature was 39.8° C. (103.6° F.); pulse, 120. On the next day were bilious vomiting and meteorism. On the 22d was peritoneal facies. On the 25th was violent abdominal pain. A three-month fœtus was spontaneously expelled. The patient died at 6 P.M.

An autopsy showed an abdomen swollen with gas, a purulent effusion in the pelvis, and traces of old peritonitis. The appendix was normal. The mucous membrane of the small and large intestine was hyperæmic. In the subdivisions of the colon was an enormous accumulation of large stercoraceous balls. They were very hard. The lungs were normal.—La Tribune Médicale.

Late Postpartum Convulsions.

At a meeting of the Society of Obstetrics, Gynæcology, and Pædiatrics M. Bouffe de Saint-Blaise reported two cases of the kind. The first was a multipara, 41 years of age, who had had attacks of acute articular rheumatism, had had several normal deliveries, who had never had albuminuria, and who was again delivered spontaneously and normally on October 18, 1903. Seven days after the accouchement this woman lost consciousness and had a convulsive attack in all respects like eclampsia. The urine collected at the time of the attack contained 1.50 grammes (24 grains) of albumin. The convulsion was repeated five times. The patient recovered. There was no sign of hysteria or epilepsy.

The second case was that of a primipara of 23 years, brought to bed in the eighth month. Albumin had been present in the urine for six weeks. The third day after delivery the evening temperature was 37.6° C. (99.6° F.); pulse, 115. There were headache and disorders of vision. At 10 P.M. there was pain in the epigastric region. Then occurred a typical eclamptic attack, followed by coma. Eight other similar spasms took place during the night. The urine contained 5 grammes (75 grains) of albumin to the liter (1 $^3/_4$ pints). The patient recovered.

Both of these cases are of interest. Considering the tardy occurrence of the convulsions, should they be included in the limits of puerperal eclampsia? In the second case, at least, the diagnosis is not doubtful. The woman had albuminuria; had never had convulsions before or any nervous disease. All the prodromes and signs of typical eclampsia were present.—La Tribune Médicale.

Peritonitis Originating in the Adnexa of a Woman Recently Confined.

At a meeting of the Society of Obstetrics, Gynæcology, and Pædiatrics MM. Grosse and Herrenschmidt reported the following case: A woman, 39 years of age, pregnant for the fourth time, came to the Hôpital Beaujon in January, 1904. The last menstruation was from August 13th to 20th. Near the gravid uterus a tumor of the adnexa could be recognized. The diagnosis was doubtful between pregnancy complicated with salpingitis and extra-uterine pregnancy. On May 12th this woman, who had not returned to the hospital, was spontaneously delivered of a living child weighing 3600 grammes (7 pounds). Before her entrance into the Maternity and three hours after the beginning of the labor she had a violent chill. Immediately after delivery there was a second chill, which lasted forty minutes, with a temperature of 40.3° C. (104.5° F.). On the second day the temperature was 39° C. (102.3° F.). The skin was yellow. There were meteorism and abdominal pain. On the third day the condition was the same. There were fœtid stools. The sero-diagnosis was negative and the diagnosis doubtful. On the fourth day were excitement, delirium, green vomiting, and signs of peritonitis. The lochia were normal. Neither the uterus nor appendix were involved. Death occurred on the seventh day. At the autopsy were found in the left iliac fossa two glassfuls of thick pus around the fimbriated extremity of the Fallopian tube, the abdominal ostium of which was gaping. The tube was as large as a thumb and contained a purulent magma as large as a nut and of the same character as the pus in the iliac fossa.

There was no adhesion around the tube. The right adnexa were normal and the uterus was healthy.

The case was one of acute peritonitis consecutive to an old salpingitis. The absence of tubal adhesions had permitted the pus to escape from the tube. Was the migration of the pus from the tube due to tubal compression during the labor or was it not also caused by contraction of the muscular layer of the tube during labor? The clinical signs (appearance of the first chill and acute symptoms soon after the beginning of the labor) authorize the latter hypothesis.—La Tribune Médicale.

Black Penis from Antipyrin.

Dr. H. Malherbe, after passing in review the ordinary eruptions due to antipyrin (erythema, bullæ, purpura, œdema), describes a much more rare and little known form peculiar to the male sex. It consists of black spots upon the penis after absorption of the drug. Professor Fournier was the first to draw attention to these spots and called the manifestation "black penis." Dr. Malherbe's patient was 30 years of age, a recent syphilitic, was subject to sudden attacks of migraine which were always quickly relieved by taking from 15 to 30 grains of antipyrin. One day he had taken 24 grains. In a very short time the migraine disappeared. Six hours later, on going to urinate, he found his "penis entirely black." In alarm he attributed the occurrence to his syphilis. He thought that his penis was gangrenous and would fall off, leaving him deprived of his most cherished appendage. He ran to his physician in a panic of fright. His penis was absolutely normal in shape and appearance except that upon the dorsal surface of the glans there was a large, oval spot of blue-black color. It was about the size of a fifty-cent. piece. Although discolored, the integument was otherwise normal. There was no similar lesion on any other part of the body. Such spots are very slow to disappear. M. Malherbe thinks that the black color is due to intense congestion which causes an actual ecchymosis. — Le Progrès Médical.

Spontaneous Rupture of the Umbilicus by Ascites.

At a meeting of the Medical Society of the Hospitals a speaker stated that he had observed such an accident in a patient who had been tapped forty-nine times. The rupture occurred after an attack of cough. The liquid was expelled through a small ulceration, which had been in existence for several days. Under a collodion dressing cicatrization was rapid. The ascites reproduced itself more and more slowly, and the amelioration of the general health was parallel to the comparative diminution of the fluid. Five months later the patient was carried off by grippal pneumonia.—La Tribune Médicale.

Painful Syphilitic Arthropathy in a Child.

At a meeting of the Medical Society of the Hospitals MM. Méry and E. Terrien related the history of a case in which the symptoms were those of white swelling of the knee with excessive pain. Furthermore, the mother of the child had herself a white swelling of the wrist. Nevertheless, the existence of interstitial keratitis raised a suspicion of syphilis. In fact, the articular swellings subsided very quickly under mercurial treatment.

The authors drew from this case the following conclusions: When arthropathies resembling white swellings are present in a child we should often suspect syphilis and try the effect of specific treatment. The existence of pain does not justify us in dismissing the diagnosis of syphilis.—La Tribune Médicale.

Permanent Slow Pulse with Osseous or Calcareous Degeneration of the Myocardium.

At a meeting of the Medical Society of the Hospitals M. H. Dufour remarked that a permanent slow pulse might point to a number of lesions, from the medulla to the heart and involving either the centers of innervation or the nerves of the heart, or even the heart itself.

In the patient observed by the author there were 36 to 40 pulsations per minute, and the autopsy showed the integrity of the medulla oblongata and the pneumogastric nerves, but there was calcareous or osseous degeneration of the myocardium around the mitral orifice.

The brain contained foci of softening, multiple but superficial, which explained the attacks of apoplexy that afflicted the patient. It is therefore not necessary, concluded the speaker, to ascribe the Stokes-Adams syndrome to a single focal lesion of the medulla.—Le Progrès Médical.

Diabetes Mellitus, Perforating Ulcer of the Foot, and Lymphocytosis of the Encephalo-rachidian Fluid.

Mosny and Beaufumé contribute to La Tribune Médicale a paper with the above title. They remark that the cytological study of the encephalo-rachidian fluid is of value not only in the diagnosis of nervous diseases; it may, under some circumstances, draw attention to commencing lesions of the central nervous system; it may also reveal the actual cause, the real origin of certain nervous manifestations too often attributed, without sufficient proof, to lesions limited entirely to the peripheral nervous system. Thus the cytological study of the encephalo-rachidian fluid indicates in certain cases the route to follow in order to determine the seat of the lesions, and one may foresee that it will yield the most solid proofs of the central localization of a number of nervous lesions.

It is for this reason, as an index of the central nature of causal lesions, that the authors wish to place on record a case which is at present unique of its kind, of encephalo-rachidian lymphocytosis accompanying a double perforating ulcer of the foot in a diabetic who was free from all other neuropathic manifestations.

The patient, a man, aged 48 years, entered the Hôpital Saint-Antoine with diabetes and perforating ulcers of the soles. From the age of 25 to 35 he had drunk to excess. Twelve years previously diabetes had been diagnosed and a diet prescribed. This, however, he did not follow. Not long afterward, and simultaneously, a perforating ulcer appeared upon each foot. For the succeeding eight years he had some temporary trouble of vision, consisting of amblyopia and epiphora. Two years ago he had been treated in the Hôpital Saint-Antoine for rather abundant suppuration of the ulcers of the soles, accompanied by lymphangitis. He came into the hospital on account of pain in the limbs and some difficulty in walking. The urine contained a large quantity of sugar. Upon the sole of the left foot was a perforating ulcer the size of a ten-cent. piece; there was also a yellowish callosity nearly as large as a twenty-five cent. piece. Upon the right side was a cicatrizing ulcer. Lumbar puncture was made upon four different occasions.

The perforating ulcers were the only morbid manifestations which could be ascribed to the pure and persistent lymphocytosis of the encephalo-rachidian fluid. It could be caused neither by syphilis nor tuberculosis. The diabetes did not explain the lymphocytosis. The authors do not deny that the perforating ulcers developed under the influence of diabetes. They wished to insist, however, that the bilateral and symmetrical ulcers were the only manifestations due to the nervous system at the time when he was under observation. The lymphocytosis, related to the perforating ulcers, was the strongest proof of the central nervous origin of the trophic trouble.

Generalized Tuberculous Polyarthritis.

At a meeting of the Medical Society of the Hospitals MM. H. Barbier and Henri Français exhibited a boy, 7 years of age, attacked by chronic and generalized tuberculous polyarthritis with ankylosis. The disease had begun about six months previously and manifested itself by swelling and pain in the large articulations. These gradually lost their functional power almost completely. The authors called particular attention to the deformity of the knees, and the spindle-shaped fingers. The tuberculous nature of the case was demonstrated by the positive reaction to tuberculin, the continuous subfebrile evolution, the emaciation, the coexistence of tracheobronchial adenopathy, and enlarged glands in the axillæ, groin, and iliac fossæ.—La Tribune Médicale.

The Association of Typhoid Fever and Tetanus.

At a meeting of the Medical Society of the Hospitals M. Caussade described the case of a man attacked by typhoid fever, in whom there occurred on the twentieth day tetanus with generalized contractures. Death supervened on the fifth day after the appearance of bulbar dyspnœa. The fæces contained Nicolaier bacillus, the toxin of which was fatal to a guinea-pig in forty-eight hours in the dose of 1-100.—Le Progres Médical.

Therapeutic Notes.

Rheumatic Dysmenorrhœa.

℞ Am. hydrochlor., $2\frac{1}{2}$ ounces.
Tr. stramonii, $\frac{1}{2}$ ounce.
Tr. cimicifugæ, 1 ounce.
Syr. glycyrrhizæ, 2 drachms.
Tongaline, 6 ounces.

M. Sig.: Teaspoonful three times a day.—Buffalo Medical Journal.

Treatment of Ozæna by Paraffin Injection.

Dr. H. Fliess says that injections of paraffin into the inferior turbinals of twelve typical cases of ozæna have resulted in most gratifying cures in his hands. No other method of treatment has shown anything like the results obtained in these cases. The crusts disappeared from the nose, the nasal space became narrowed, and the foul odor was no longer perceptible. The paraffin used had a melting-point of from 50° to 52° C.—Post-graduate.

Gout.

℞ Colchicinæ salicylatis, gr. ss.
Phenacetini, ʒij.

M. Pone in capsulas no. xlviij.
Sig.: One capsule every four hours.

Indications: Used to relieve pain in acute and subacute gout.—The Prescription.

Calcium Chloride in Nephritis.

G. Gross recommends calcium chloride administered per rectum in the treatment of hæmorrhagic nephritis, also in cases of inoperable uterine carcinoma with profuse hæmorrhages. After giving a cleansing enema the salt may be given as follows:—

℞ Calcii chloridi, ʒiiss.
Aq. destil., ℥viss.

M. Sig.: The entire amount administered per rectum.

The same may be given by the mouth as follows:—

℞ Calcii chloridi, ʒj.
Syr. menth. pip., ℥j.
Aquæ destil., ℥iij.

M. Sig.: One tablespoonful every two hours.—Journal of the American Medical Association.

Furuncles—Abortive Treatment.

Gallois and Courcoux employ a solution consisting of 4 grammes of iodine to 10 grammes of acetone for the abortive treatment of furuncles. The nodules are touched with an applicator carrying cotton saturated with the iodine solution. Lesions which have not suppurated, and even those which contain a drop or two of pus superficially, are aborted within twenty-four hours. Rarely a second application may be required. The solution is more caustic than the tincture and must be used with greater care. In an open wound it causes severe pain and may produce symptoms of iodism.—Therapeutic Gazette.

Vomiting of Pregnancy.

Crowley recommends the following:—

℞ Bismuthi salicylatis,
Cerii oxalatis, of each, ʒj.
Mentholis, gr. x.
Cocainæ muriatis, gr. iij.
Spts. vini rect., ʒj.
Elix. aurantii, q. s. ad ℥vj.

M. Sig.: Teaspoonful every three to four hours. — Journal of the American Medical Association.

Adrenalin in Yellow Fever.

De Souza has given adrenalin by the mouth in 36 cases of yellow fever in the hæmorrhagic stage. His doses were 0.015 milligramme every fifteen minutes, supplemented by an injection of 300 grammes of water containing 30 centigrammes of adrenalin, with some salt and gelatin. These doses were given for two hours, with the injections twice an hour. The dosage was then reduced. No ill effects were observed. —Journal of the American Medical Association.

To Avoid Iodism.

Fritz Lesser writes that when giving iodides we should aim at a slow and protracted absorption of the drug. This may be effected:—

1. By administering the iodide in a mucilaginous vehicle.

2. By dividing the daily quantity into a large number of small doses given at short intervals. The therapeutic effect of the drug is not at all diminished by giving it in small, frequent doses, and a moderate idiosyncrasy can so be combated.

3. By giving the drug per rectum. He likes Zeissl's formula, consisting of 2 grammes of sodium iodide, 30 grammes of water, and 5 drops of tr. opii.

4. By means of hypodermic injections of iodipin. By this means we can slowly accustom an organism with an idiosyncrasy against iodides to small amounts of the drug, and can then proceed to the administration of larger doses by the mouth.—Interstate Medical Journal.

Olive-oil in Gastric Ulcer.

In gastric ulcer Cohnheim has long relied on olive-oil as an adjunct in treatment. He believes that it relieves pain, lubricates surfaces of ulcers or fissures, reduces hyperacidity, and acts as an easily digested food. In employing olive-oil one should take precautions to make sure that the oil is pure, as in commerce it is commonly adulterated to a large extent with cottonseed-oil, a body whose therapeutic and nutritive qualities have not been fully examined.—Therapeutic Gazette.

Desiccated Thyroid in the Treatment of Paralysis Agitans.

J. C. Castalvi calls attention to the resemblance which paralysis agitans bears to the ordinary toxic neuroses. Parkinson's disease is commonly accompanied by tremor just as many other intoxications are. There is an inconstancy in the pathological findings, and no exogenous intoxication has been identified as a cause of the disease. In two cases of paralysis agitans in which the thyroid was carefully examined, it was found markedly altered. In one there were extensive sclerotic changes, and in the other there was collocystic degeneration. The administration of thyroidine or desiccated thyroid is found to give a marked improvement in paralysis agitans. The sweating is less noticeable, there is an improvement in the gait, increase in arterial tension, and a diminution of tremor.—Medicine.

Hæmorrhage in Typhoid Fever.

Moore recommends absolute rest for the patient and bowels, obtained by withholding food for several hours and by the free exhibition of opium, preferably in the hypodermic injections of morphine or the following:—

℞ Acidi tannici, gr. x.
Tincturæ opii, *m*x.
Spiritus terebinthinæ, *m*xv.
Mucilaginis acaciæ, ʒij.
Tincturæ chloroformi comp., *m*xx.
Aquæ menthæ piperitæ, q. s. ad ℥j.

M. Sig.: Tablespoonful at one dose. Or the following to prevent meteorism and aid in checking hæmorrhage:—

℞ Spiritus terebinthinæ,
Spiritus ætheris nitrosi,
Spiritus chloroformi, of each, ʒij.
Emulsii amygd., q. s. ad ℥vj.

M. et ft. mistura.

Sig.: Shake bottle and give tablespoonful at a dose every three to four hours as required.

An icebag is laid over right side of the abdomen; when hæmorrhage is so profuse as to threaten life ice-water enemata or a hypodermic injection of salt solution may be employed; in such cases 20 grains of chloride of calcium every few hours are of value.—Journal of the American Medical Association.

Antimony in Children's Diseases.

Tressilian writes that antimony is the most valuable of all drugs in the treatment of acute bronchial and pulmonary disease, acute lobar pneumonia, acute laryngitis and bronchitis, and early stages of catarrhal pneumonia, and children bear it well. It may be combined with aconite or acetate of ammonia. It is also useful in acute eczema.—Therapeutic Gazette.

Yohimbine: Its Use in the Treatment of Eye, Ear, Nose, and Throat Diseases.

J. H. Claiborne and Edward B. Coburn have tested the local anæsthetic properties of yohimbine. They regard it as inferior to cocaine in all operations upon the eye on account of the congestion produced by it. For the examination of the nose it was not as effective as cocaine, because the contraction caused by it was not so marked. It has been found useful in ear and nose work. Its advantages may be summed up as follows: It is nontoxic; there is long duration of anæsthesia after its use; it does not markedly contract the tissues; the taste is only slightly bitter; it does not cause unpleasant contraction of the throat and mouth. Its disadvantages are that it does not keep well; it does not contract the tissues; after its use there are hyperæmia and hæmorrhage after operation; salivation is caused by its use.—Medical Record.

Nocturnal Incontinence of Urine—Retrorectal Saline Injections.

All the ordinary methods of treatment failing to give relief, Patel injected 200 grammes of the solution into the retrorectal space of a female patient of 25. The following night there was no incontinence; there was, however, on the second night, and a second injection was made. The incontinence disappeared entirely, with no recurrence within six months. After the first injection in a second female patient of 20, the incontinence disappeared for three days; after the second injection for six days. The third injection (200 grammes) was followed by thirty days' continence; after the fourth injection (200 grammes) there was no recurrence.

The needle of the syringe is introduced at the tip of the coccyx, or to one side of it, and is passed vertically upward. A finger in the rectum guides the needle as it is passed in, and prevents perforation of the rectal wall. The fluid is slowly introduced. No anæsthetic is required.—Therapeutic Gazette.

Chancroids.

℞ Zinci stearatis cum acido borico, ʒj.

Sig.: Use as a dusting powder after cauterizing.—St. Louis Clinique.

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THE CRIME AND PUNISHMENT OF RAPE.

Rape is a peculiarly shocking offense. Acting in flagrant opposition to all the sentiments of honor natural to civilized mankind, the assailant is necessarily a degenerate and outcast. The poor victim is outraged in every fiber of her being. She has received a blow from which she can never completely recover. The indignation of every right-minded man rises hotly against this crime of brutish lust. Country women are particularly exposed to this danger. The men are in the fields at their work and the women are unprotected. Our older and traditional American ideas of life require a great deal of modification in these modern days. With the multiplication of tramps the hospitality and social virtues of country people have been rudely repressed. Every lonely farmhouse, distant from neighbors, may be the scene of a terrible outrage. In early colonial times men carried their firearms to the fields and the church in order to guard against surprise from the Indians. The country house generally is still provided with a fowling piece, but that cannot always be seized in time to protect honor. The victims are often taken unawares, either in the house or about the grounds, in a thicket or among the bushes.

In the cities numbers are generally a protection. A cry will almost invariably bring help.

Those who are born and raised in the country are so accustomed to lonely roads and comparative isolation that ordinarily they never give danger a thought. It is only the occurrence of some fiendish crime which reminds them of the absence of protection. We may say that country women should always have a weapon ready to hand, but women cannot well go about their household tasks with a revolver in their belts. Furthermore, the criminal is not always a stranger. He may have been a former farm laborer or, in fact, may be an employee at the very time of the assault.

The crime of rape has been known in all ages and in all lands. In our country and in our time, however, the negro is the chief offender. The white tramp is responsible for many acts of brutality and crime, but his misdeeds do not usually assume this form. The degraded negro is but little above the level of the brute. He has animal instincts without the feeling of moral responsibility which teaches one to keep his appetites under control. Fear and compulsion are the only arguments he can understand. These should be prominently in the foreground in order to prevent outrages rather than to punish the criminal after the deed has been committed.

Probably not even murder sends a more acute thrill of horror through the mind than does rape. There is not merely the detestation of the physical assault, but the mental and moral revulsion, even more bitter strokes of misfortune. The sanctity of personality has been rudely invaded. However terrible the crime, we should not allow our sentiments to perpetuate race hatred. It is not just to arraign the entire negro population on account of the crimes of their worst specimens. Justice should act speedily and rigorously, irrespective of the color line. Lynch law is not the proper method. However intense their indignation, men should not allow themselves to be hurried into lawless acts which are themselves a disgrace to civilization. The orderly, but determined, progress of the law is a far more impressive lesson than the retribution measured out by self-constituted judges and executioners.

The death penalty in itself does not deter from crime. The time was when hanging was the punishment for almost all offenses.

great and little, against the law. Nevertheless, the commoner crimes were more prevalent in those times than at the present day. It is to education, with moral and religious training, that we must look for the lessening of crime. In the meantime those guilty of rape must be severely punished.

What constitutes an adequate punishment for such a heinous offense? Is a long term of imprisonment without corporeal chastisement sufficient? There are many, especially in our own profession, who advocate castration or amputation of the male sexual organ, or both, in addition to imprisonment. Our brethren of the law have lately proposed to make the crime of rape punishable by death. This has a specious sound. The world is well rid of such wretches. Yet, if we exterminate those who are really guilty of rape we open the door to the possibility of crime of another sort.

If theft or murder has been committed there is evidence of the fact. Goods are taken or a body is found. Sometimes there are eye witnesses to the deed and sometimes one criminal turns State's evidence. But a rape is done in secret. There is no evidence except that of the victim. As it is, there can be little doubt that many a negro has been unjustly lynched because he was mistaken for another person. An excited mob does not try to prove identity. To place the lives of men at the disposal of a woman's word or oath would be to open up possibilities of crime analogous to baby farming and graveyard insurance. It would be easy to charge a man with committing, or attempting, rape and it might be very difficult to disprove the accusation, and yet the prisoner might be absolutely innocent of the crime. The female sex in the abstract has the reverence of man. Nevertheless, there are, unfortunately, bad women as well as bad men. Let such a woman have an enemy,—and bad people are enemies to each other as well as to society,—let her hate a man and wish him out of her way, then, by the enactment of the proposed law she has him in her power for all time. There are a thousand little allurements which a woman knows how to practice without word or deed. Invitations, suggestions, temptations can be conveyed by a glance and disavowed at pleasure. Men could easily be destroyed by modern Jezebels. The crime of rape would proceed, perhaps unchecked, and another crime would be added to the already swollen catalogue of crimes. The accuser would swear to a forcible assault and the accused would be doomed.

Miscarriage of justice is an extremely lamentable occurrence even when the penalty is only imprisonment. How much more sad when a human life has been taken by mistake! Such judicial errors have been known.

There should be more efficient police protection in suburban districts. Not only rape, but other forms of crime prevail in those comparatively unprotected neighborhoods. The mounted police of cities are faithful to their duties, but they have large territories to cover. There are numerous little towns which are practically suburbs of cities, but which are outside the county line and have little, if any, police protection. The inhabitants of farming districts must organize in such a manner as to protect the honor of their wives and daughters, but should act strictly within the limits of the law. But to give a woman legal power to swear away a man's life will not serve the good purpose for which it was intended, while it will be capable of frightful and deadly abuse.

HYSTERICAL LABYRINTH.

THE mimicries of hysteria are wonderful and are apt to be a great and annoying source of error to the inexperienced practitioner. Some of these cases are liable to be noted as remarkable dispensations of Providence and others as miraculous cures, although the wise physician knows all the time that they are nothing but hysteria. We made use of the word mimicries, but we do not intend to imply, and the medical man should not so believe, that the simulation is willful. Hysteria is a strange disease, but there is much more in it than vulgar deception.

From an ever-interesting and influential special journal which is a representative of the Bordeaux School of Medicine, and particularly the organ of the eminent specialist, Professor E. J. Moure, we obtain a study of hysterical disease of the internal ear, Professor Moure has trained a succession of specialists in diseases of the throat, ear, and nose. Many of these gentlemen have occupied themselves with valuable clinical researches and have contributed their articles to the excellent journal edited by their former teacher. One of these has given us the particulars of a case of hysterical affection of the ear.[1] Dr. Bouyer has previously published papers dealing with the nervous element in diseases of the ear, of which some simulated mastoiditis and some presented a picture of encephalic complications apparently, but not really, due to aural affection. The case described in this particular paper gave the almost complete illusion of the existence of lesion of the labyrinth.

The patient was a young woman, 22 years of age, who had been an ordinary hysteric of hereditary descent and who had suffered from a number of children's diseases which had weakened her system. Upon the advent of puberty the girl had experienced some mental shock, which had determined an attack of grand hysteria. Her occupation exposed her to lead poisoning, but the author could not perceive that this influence had any relation to the symptoms manifested.

A month previously, upon arising in the morning, the patient was attacked suddenly by severe pain in the left ear. The mastoid process was extremely sensitive to the slightest pressure. To the surprise of the patient herself an examination at this time showed complete deafness of the left ear. The case was thought to be an acute affection of the middle ear complicated with mastoiditis, and was referred to Professor Moure's clinic. There had been no prior disease of the ear, even in childhood. Most sounds were imperceptible by the left ear, but, curiously enough, at times the human voice could be recognized for a little while. Cranial perception was absent on all the left side. The mastoid pain presented all the characteristics of hysterical neuralgia. There was no sensibility to pricking in this region. The mastoid was, in fact, included in a total hemianæsthesia of the mucous membrane and skin of the entire left side, from which only the tympanum and the osseous portion of the external auditory meatus escaped. There was likewise hemianæsthesia of taste and smell. There was no disorder of vision. The visual field of the left eye was, however, contracted.

The symptoms persisted without change, and three or four days later the patient had several paroxysms of subjective sounds in the left ear accompanied by vertigo, vomiting, and a tendency to fall to the left side. Injection of warm water into the meatus—a purely suggestive treatment—caused the buzzing to disappear, but the deafness persisted for some time.

Here was an undoubtedly hysterical young woman suddenly seized by symptoms indicative of Ménière's disease, although caused solely by hysteria. Dr. Bouyer then goes on to study separately each of the symptoms from this point of view. The deafness bore a neurotic stamp. Aërial and osseous transmission was completely abolished, although the ear seemed to be absolutely healthy to objective examination. Its morbid associations justified the author in considering it as an auditory hemianæsthesia, and consequently of hysterical origin. The temporary, but complete, restoration of hearing at certain moments also pointed to hysteria. The same is to be said of the mastoid pain. It begins abruptly and is diffuse and superficial.

The vertigo and the buzzings constitute a very curious manifestation of the neurosis. Notwithstanding the close resemblance to Ménière's disease, there were certain contrasts. The examination of the ear was negative, there had never been any suppuration of the ear, nor was inflammation present at the date of the trouble. There was no sign of a sudden hæmorrhage into the labyrinth.

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[1] "Sur un cas de syndrome labyrinthique hysterique." Par le Dr. André Bouyer fils, de Cauterets, Ex-interne des Hôpitaux de Bordeaux. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 28 Mai, 1904.

The author had previously published two histories of the same class. The first had presented the symptoms of Ménière's disease. The symptoms had persisted with intervals of abeyance and attacks of deafness and vertigo. There were no hysterical stigmata with the exception of a contraction of the field of vision.

The second patient exhibited a much more complete clinical picture. The patient was a woman 22 years of age. She had headache and extreme pain over the mastoid. Deafness, vertigo, and vomiting were also present. There was an old double otorrhœa and a large cholesteatoma. There were marks of hysteria, but the diagnosis was difficult. It seemed possible that there was a cerebellar complication or that the cholesteatoma had invaded the labyrinth. A test for hysteria, however, caused a rapid disappearance of the headache and vertigo. A complete recovery ensued.

From his studies the author concludes that there is a collection of symptoms pointing to the labyrinth, but of hysterical origin; and that this condition may create dissimilar clinical manifestations and alternations which render the diagnosis variable. He recognizes two categories and types of patients. In the first the neurosis imitates and reproduces the functional aspect of a lesion of the internal ear. It gives rise to mastoid pain. It occasions vertigo, buzzing, vomiting, and deafness. In a second class of cases the neurosis is responsible for the symptoms pointing to the labyrinth, but it superadds these to an actual disease of the middle ear, recent or old. Such cases are of more complex nature, and involve a surgical diagnosis, which is disconcerting and difficult. At a time when the diagnosis of labyrinthitis and the subject of its operative treatment are under discussion such cases are of importance and deserve to be reported. The otologist should be forewarned of these surprises and simulations.

Consultation Department.

Amenorrhœa.

Dr. M. L. B. asks concerning the most promising treatment for a young woman, 24 years of age, who has not menstruated for ten months. She had borne two children, neither of whom was strong, and both died in infancy. She had enjoyed good health until the birth of her second child. Since that event her menses had never returned. Her parents are living and healthy. Brothers and sisters are healthy. At periodical intervals of four weeks she suffers from headache, backache, and pain in the right iliac region. Her appetite has failed, she has symptoms of indigestion, and has lost considerable flesh. There has not been any constant cough. She is subject to palpitation of the heart and dyspnœa.

I believe from the description that the amenorrhœa in this case depends upon the presence of pulmonary tuberculosis. I should explore the chest carefully by all the methods of physical examination and I should have her sputum examined for bacilli. The woman needs the general hygienic and constitutional treatment appropriate to tuberculosis: plenty of fresh air, as much exercise as can be taken without producing weariness, a plain but nutritious diet, and free ventilation of the bedroom. As regards medicine I should rely principally upon creosote at this season of the year. This agent will benefit both the lungs and the alimentary canal. I should begin with 1 minim of pure beechwood creosote and run the dose up gradually until the limit of tolerance is reached. As cough is not prominent, I should not think of ordering a cough mixture. A course of iron would be of service. Arsenic might be combined with the iron. The hypophosphites are likewise useful. Constipation must be avoided. The chief object is to keep up nutrition. The creosote can be given in pill or capsule or in emulsion with oil of sweet almond and acacia.

Arteriosclerosis.

Dr. M. Q. wishes to know what is the best course to pursue in the case of an old woman, upward of 80 years of age, a little and active person, who took to her bed after some undue exertion in housework. She complained of extreme weakness, headache, and vertigo. Her pulse is slow and tense. She feels better when her head is propped high with pillows. She has had similar symptoms on two or three previous occasions. Once she was relieved by a sudden nosebleed. There is said to be a well-marked arcus senilis.

The patient has arteriosclerosis: a thickening and at the same time a weakening of the arteries. Often they are tortuous at the wrists. In extreme cases with calcareous deposit the radial feels like a rigid tube. In this case the state of the vessels is due to the advanced age of the patient. The affected arteries become brittle and are easily broken by any extra strain upon the circulation. The cerebral arteries are involved in this case. Apoplexy is to be feared. The woman must therefore be kept absolutely at rest until the symptoms have ceased. Her food must be simple and nutritious, but not bulky. For the present I should give her potassium bromide in doses of 10 grains repeated several times a day, or when the symptoms are most oppressive. The symptoms caused by arteriosclerosis differ in accordance with the site of the principal lesions. Involvement of the coronary arteries produces palpitation, weak heart, or angina pectoris. If the vessels of the kidney are affected we have the symptoms of interstitial nephritis.

If the patient recovers from this attack I should place her upon a combination of the iodide and the nitrite of potassium. The latter salt, which is not official, is given in doses of from 2 to 5 grains. This combination will lower blood-pressure and alleviate the general condition.

Headache from Arteriosclerosis.

By one of those coincidences which not infrequently occur, Dr. R. M. B. writes of the case of an old man whose trouble is of the same origin as the preceding case, but whose symptoms are less pronounced. He chiefly suffers from headache and vertigo. This patient is 71 years of age. The headache is worse at night, and is aggravated by excitement, heat, or by drinking beer. His general health is fair for his age, though his appetite is not very good.

This patient should be treated on the same principles as have been outlined in connection with the preceding case.

Chronic Alcoholism Simulating Locomotor Ataxia.

Dr. C. O. A. describes an interesting and obscure case. A woman, 30 years of age, had been addicted to the use of liquor for nine years and at times drank to excess. She denies ever having had syphilis. About three months ago, after a carouse of several days' duration, at the end of which there was great irritability of the stomach, physical and mental prostration, she began to suffer from numbness and tingling in the hands, with impaired tactile sensibility. The forearms and arms were soon invaded. The circulation became impaired in both the upper and lower extremities. There is often excessive sweating of the hands. The thighs feel as if surrounded by iron bands. Sharp pains frequently shoot up and down the arms and legs. There is dull pain in the back, especially between the shoulders. There is no tenderness to pressure along the vertebral column. There is no impairment of the special senses. When she walks she feels as if she were treading on feathers or cushions. She cannot walk well in the dark. When she stands with her eyes closed her body sways from side to side. She has considerable trouble in buttoning her clothes, particularly if she does not watch her fingers. She suffers much from indigestion. There is no albumin in the urine. The heart and lungs are free from organic disease.

Notwithstanding the suggestive character of some of this woman's symptoms, I believe that they are due to a mixture of hysteria, neuralgia, and chronic alcoholic intoxication. If she could be weaned away from drink—placed in a good sanitarium would be the best course, if possible—and given such drugs as would tone up her nervous system and overcome the gastro-intestinal catarrh by which she is undoubtedly afflicted, she would recover her health. She should have a nutritious diet. Quinine, iron, strychnine, silver oxide, and valerian are among the drugs which I should employ in this case.

Chronic Alcoholism.

Another case of poisoning the nervous system by the habitual use of alcohol to excess is brought to my notice by Dr. W. A. E. This patient is also a woman, and is 47 years of age. A week previously she had received a severe mental shock. As a result, she has been unfit for her housework, has felt extremely weak, and has had abdominal pain, diarrhœa, tremors, and sweats. She complained of pain in the throat, although no alterations could be detected either in the throat or neck. Sharp pains often shoot along her limbs and her muscles twitch spasmodically. She often feels as if a cord were tied round her waist. This case is much like the preceding: a mixture of hysteria, neuralgia, and drunkenness. This woman had been of intemperate habits for fifteen years. Her treatment should be conducted in the same manner as the companion case.

Rheumatic Periostitis.

Dr. W. S. has a patient, male, 40 years of age, who has been troubled for three weeks with pain in the left arm from the elbow to the shoulder. The pain is worse at night, prevents free motion of the arm, and is not increased by pressure or manipulation of the muscles, but the humerus is sensitive to pressure from end to end. No other bones are affected. The pain is worse at night. There is no history of syphilis nor any lesions which may have originated in that disease. The man has at various times during seven years past suffered from chronic rheumatism and once from an acute attack.

I should give this man a mixture containing 10 grains of potassium iodide to the dose, and let him take three such doses a day. Other remedies which I employ in chronic rheumatic manifestations are salicin; cimicifuga, with a small quantity of quinine; and sometimes a little Dover's powder.

Medical News and Miscellany.

Association of Surgeons of the Southern Railway.—The officers elected for the ensuing year are: Surgeons, W. W. Harper, Selma, Ala., president; R. S. Toombs, Greenville, Miss., and H. T. A. Lemon, Washington, D. C., vice-presidents; and J. W. Ray, Woodstock, Ala., secretary and treasurer.

Dr. Frank D. Thompson.—Dr. Frank D. Thompson, of Fort Worth, has been elected to the chair of surgery in Baylor University College of Medicine at Dallas, Texas.

Faculty Additions. — Kentucky University Medical Department, holding an all-the-year session, divided into four semesters, has enlarged its faculty by the election of the following: Dr. Adolph O. Pfingst, formerly connected with the Louisville Medical College, to the chair of physiology, eye, ear, nose, and throat; Dr. Roe L. Edmonds, Professor of Embryology and Obstetrics; Dr. V. E. Simpson, Professor of Materia Medica, Therapeutics, and Hygiene. A number of others have been added to the list of lecturers and instructors.

Tuning-fork in Early Diagnosis of Bone and Joint Affections.—Chiray and Muret announce that the application of a tuning-fork to the bone is scarcely felt by a sound bone, but in case of disease it is experienced as a shaking, a trembling, an electrical shock, or a burning, as the sensation is variously described by various subjects. By this means it is sometimes possible to discover a lesion long before there is any tenderness on pressure. The tuning-fork used was a large one, the branches 25 centimeters long, the total weight 500 grammes, making 128 vibrations to the second. The foot was applied first to the sound side and then to the affected side, cautiously questioning the subject in regard to the sensations, avoiding any suggestion. In several patients pressure on the head of the femur was not at all painful, while the hyperæsthesia to the vibrations was very marked over the iliac spine, great trochanter, and head of the femur. It is possible by the negative response to determine the integrity of the bone in case of tumors near by when clinical examination gave dubious results. In case of Pott's disease there is hyperæsthesia in the vertebræ in the incipient stages, but it soon gives way to anæsthesia. — Journal of the American Medical Association.

Glycosuria and Hypertrophied Thyroid in Pregnancy.—Bar considers that a case under his observation seemed to show that there is a close association between eclampsia, the albuminuria of pregnancy, and certain affections of the thyroid body. The patient was six and one-half months pregnant; she had noticed that her neck had been swelling for some time; its circumference was $11^1/_4$ inches above and $12^3/_4$ inches below. There was no exophthalmos or œdema, but there was a trace of albumin in the urine, which contained 3.66 grammes of sugar to the liter. Under a diet of milk and meat the glycosuria vanished, but on its discontinuance sugar reappeared and continued for three weeks until delivery. At that date the circumference of the neck was still $11^1/_4$ inches above, but nearly $14^1/_2$ inches below. A fortnight after delivery sugar had disappeared from the urine, the neck showed slight reduction in circumference below (14 inches); two months later the measurement was $12^3/_4$ inches, as when the patient was first examined. The glycosuria—a disturbance of nutrition which in Bar's opinion is akin to albuminuria—was possibly caused by changes in the thyroid. —British Medical Journal.

Paralysis of the Ulnar Nerve. — Lloyd reports two cases of paralysis of the ulnar nerve, one following an attack of typhoid fever, marked by hyperpyrexia and extreme prostration with several alarming hæmorrhages from the bowels. The lesion which involved the right ulnar nerve did not appear until some weeks after recovery. The second case was one of pressure palsy, due to the habit of leaning on the left forearm while writing. In both cases the findings were typical of this condition.—Journal of the American Medical Association.

Dr. Walter Lindley.—Dr. Walter Lindley, editor of the Southern California Practitioner, has recently been elected Dean of the Medical College of the University of Southern California, which is now entering its twentieth session. Dr. Lindley was one of the organizers of the school and is Professor of Gynæcology.

Portrait of Dr. Osler.—The graduates of McGill University have subscribed more than a sufficient sum for the portrait of Dr. Osler, of Baltimore, who was for some years Professor of Physiology in McGill.

Johns Hopkins University.—The following appointments have been made in the medical faculty: Dr. Percy M. Dawson, Associate Professor of Physiology; Dr. Joseph Erlanger, Associate Professor of Physiology; Dr. Warren H. Lewis, Associate Professor of Anatomy; Dr. Hugh H.

Young, Associate Professor of Genito-Urinary Surgery; Dr. Thomas R. Brown, Rufus I. Cole, and Louis P. Hamburger, associates in medicine; Dr. Arthur S. Lowenhart, associate in physiological chemistry and pharmacology; Dr. Thomas McCrae, associate in clinical therapeutics; Dr. Charles H. Bunting, instructor in pathology; Dr. Henry W. Kennard, assistant in orthopædic surgery; Ernest G. Martin, Ph.D., instructor in physiology; Dr. Augustus G. Pohlman, instructor in anatomy; Dr. J. Morris Slemons, instructor in obstetrics, and Dr. George L. Streeter, instructor in anatomy.

Inheritance of Syphilis.—Neumann concedes that the influence of maternal syphilis is much greater than that of the paternal. Postconceptional syphilitic infection may affect the fœtus even at a very late stage of the pregnancy. But he is convinced that the father can transmit the infection while the mother may be completely sound. He presents 7 such cases out of his private practice—followed for years—in which the mother has remained free from any trace of syphilitic infection, while the father and the child exhibit unmistakable manifestations of it. In 14 other cases, observed at the clinic, the mother was apparently free from syphilis while bearing a child with various syphilitic stigmata. In another series of 6 cases the husband suffered from the severer forms of syphilis and the pregnancies terminated constantly in abortion or the birth of severely syphilitic children, while the mothers were constantly exempt from any clinical traces of the disease. — Journal of the American Medical Association.

New Medical School.—Fordham College will branch out as a university in September. A medical school will then be opened. Among the members of the faculty selected are: Drs. George M. Edebohls, John Aspell, James N. Butler, and Thomas J. Dunn. Dr. James J. Walsh will be dean of the institution, which will be affiliated in a clinical way with the new hospital which is to be erected on the grounds purchased from the college.

Dr. James P. Hutchinson.—Dr. James P. Hutchinson has been elected to the position on the surgical staff of Pennsylvania Hospital made vacant by the death of Dr. W. Barton Hopkins.

Uterine Hæmorrhage in Typhoid Fever.—Dr. W. E. Darnall, of Atlantic City, N. J., reports in the Journal of the American Medical Association a case of typhoid fever in which hæmorrhage from the uterus occurred in the third week of the disease. This is an unusual complication.

Freaks of the Compressor Urethræ.—Berliner relates that a young man found it impossible to withdraw a long rubber tube which he had passed into his bladder, the compressor urethræ gripping it so tight that it was impossible to move it. The tube was 4 millimeters in diameter, more than a yard long, and about two-thirds must have been in the bladder. After fifteen to twenty minutes of waiting, tranquillizing, and diverting the mind of the patient, Berliner was able to draw the tube partly out, but then the sphincter gripped it again and another fifteen minutes elapsed before a further attempt was made, which this time proved successful. He argues to show that a similar transient spasmodic contraction might easily simulate stenosis of the urethra, especially after a fright, distress, sexual excitement, or in embarrassment from any cause. Tranquil expectancy may thus cure up many puzzling cases.—Journal of the American Medical Association.

The Action of Radium on Micro-organisms.—Alan B. Green has made investigations upon the germicidal action of radium emanations, and the induced radio-activity of micro-organisms exposed to the emanations. One centigramme of pure radium bromide, contained in a vulcanite and brass capsule fronted with thin talc, was employed. This specimen caused pigment to disappear after eighteen days from a mole with 15 minutes' exposure, the talc being in contact with the skin; twenty minutes' exposure almost produced ulceration. The bacterial growth was spread as a thin film in the center of the depression of a hollow-ground glass slide, around the circumference of which depression a metal ring had been cemented. The capsule containing the radium bromide was placed upon this ring so that the salt was within 1 to 2 millimeters of the bacteria, nothing separating them but the talc and the intervening air. Calf-vaccine, with its contained extraneous germs, S. pyogenes aureus and albus and S. cereus flavus and albus, were first exposed, exact control experiments being made. The specific germ in no case survived a longer exposure to radium than twenty-two hours, at the end of which time it had completely lost its ability to cause any visible irritation at the site of inoculation on a calf. In seventeen out of twenty-five experiments it was destroyed after ten hours. The extraneous germs were destroyed in rather less time, in no case surviving after fifteen hours. Several other species of micro-organisms were tested. All the nonspore-bearing bacteria were killed after from two to fourteen hours' exposure. Bacteria containing spores were by far the most resistant, for they were not killed by less than seventy-two hours' exposure. As the distance between the radium and the micro-organism was increased the germicidal action became less marked, so that after thirty hours' exposure at 1 centimeter all were not killed, though the numbers were lessened, and at 10 centimeters there was no apparent action. After exposure at a distance of 1 millimeter to the radium emanations for from twenty-four to a hundred and twenty hours, micro-organisms themselves may show signs of radio-activity, and affect a photographic plate, the best results being obtained from bacterial masses containing a number of spores. Radio-active micro-organisms have continued to give off photo-actinic emanations after three months have elapsed since their exposure to radium.—British Medical Journal.

Palsy of the Extra-ocular Muscles in Exophthalmic Goiter.—A case of this kind is reported by Posey, and a number of similar cases occurring in the practice of others, from which he concludes that palsy of the extra-ocular muscles is not of very rare occurrence, and as such is not to be considered as accidental, but rather as a part of the morbid process of exophthalmic goiter. Just what this part is and what the character and where the seat of the lesion may be, cannot, in the still uncertain state of our knowledge regarding the nature of Graves's disease, be asserted with certainty, though it would appear, at least, that, in those cases in which there is more or less complete ophthalmoplegia externa, and especially in those in which there are associated lesions in the facial, hypoglossal, and glosso-pharyngeal nerves, the palsy was of central origin, originating in the nerve-nuclei. This reference of the palsies to an involvement of the nerve-nuclei is of great interest, for it is additional proof of the central origin of the affection; and while the nature of the morbid process in the nuclei which occasions the extra-ocular palsies is still to be determined, it is probable that the morbid process is only functional, consisting of an irritation of the centers by toxins which may be generated in the system as the result of some perversion in the normal action of that structure.—Journal of the American Medical Association.

Appointment. — Dr. J. Ambrose Johnston has been appointed gynæcologist to St. Mary's Hospital, Cincinnati, in place of Dr. Giles Mitchell, deceased.

"Prostatism" Without Enlargement of Prostate.—Motz and Arrese have been examining postmortem 15 subjects succumbing to prostatic retention—all the symptoms indicating "prostatism," as they call it—and yet the prostates were of normal or subnormal size in all. In 5 they found evidences of chronic prostatitis, in 4 of adenoma, and in 6 of adenoid epithelioma. The atony of the bladder in these cases of prostatic retention without enlargement of the prostate is not occasioned by primary atrophy of the muscles, as they were found hypertrophied in 12 out of the 15 subjects examined. Nine similar cases of "prostatism" without enlargement of the prostate have been operated on by Albarran and followed to date. The prostate was of normal or subnormal size, and, apparently, offered no obstacle to the emission of urine. Its extirpation, however, was followed by the re-establishment of the functions of the bladder, which had been long in abeyance. The result of the surgical intervention in these cases is extremely important and instructive. The findings in the bladder were identical with those found in cases of ordinary hypertrophy of the prostate, and the benefits derived from prostatectomy demonstrate that the atony of the bladder could not have been due to muscular degeneration or to arteriosclerosis of the bladder.—Journal of the American Medical Association.

Maritime Medical Association. — The fourteenth annual meeting of the Maritime Medical Association was held at Halifax. It will meet next year in Charlottetown, P. E. I. The Canadian Medical Association will be invited to meet in Halifax in 1906. The following officers were elected: President, Dr. S. R. Jenkins, of Charlottetown. Vice-president for New Brunswick, Dr. G. C. Vanwart, of Fredericktown; for Nova Scotia, Dr. G. E. Dewitt, of Wolfville; for Prince Edward Island, Dr. J. Kelley. Secretary, Dr. T. D. Walker, of St. John. Treasurer, Dr. Huntley Macdonald, of Antigonish, N. S.

Resection of the Cervical Sympathetic in Basedow's Disease.—Jonnesco, in a report on the present aspects of the treatment of exophthalmic goiter by resection of the cervical sympathetic, sums up his conclusions in the following propositions: 1. Resection of the sympathetic is the operation of election in the treatment of primary exophthalmic goiter. 2. This resection, to be rational and efficacious, ought to be practiced on the whole of the cervical chain of ganglia, and, in addition, on the first thoracic ganglion. 3. The operation is an absolutely harmless one; but, with the object of insuring safety, it is preferable to perform it in two stages. 4. To determine the therapeutical result of resection of the sympathetic the surgeon should wait for some time, as the patient after this operation often passes through a stage of uncertainty, in which the symptoms of Basedow's disease may for a time be exaggerated. 5. In the form of goiter that is presented in Basedow's disease resection of the sympathetic is contra-indicated in the first place, the operation of election in such condition being partial thyroidectomy, followed, after a certain interval, by resection of the sympathetic if the associated symptoms of the general disease are not relieved.—British Medical Journal.

Italian Medical Society in New York.—A number of Italian physicians have organized the Italian Medical Association of the State of New York.

Cancer and Fibroid of Body of Uterus Coincident.—Glockner reports a case where a uterus was amputated for fibroid disease, and cancer of the body discovered on examination of the tumor. The patient was 56, and the fibroid growth had been diagnosed twenty years previously. Recently she was troubled with obscure, but distressing, abdominal pains. On examination sanious discharge was detected and malignant degeneration of the tumor diagnosed in consequence. Zweifel removed the uterus by Doyen's method; recovery was speedy. The fibromyoma had its origin in the posterior wall of the uterus, and from the mucous membrane in the same region sprang a growth the size of a pigeon's egg, which proved to be a malignant adenoma. The tumor weighed 9 $^1/_2$ pounds, and was undergoing mucoid degeneration. Glockner reports two homologous cases. The patient in the first was a virgin aged 73, and the uterus was removed through the vagina on suspicion of malignant disease. There was not only a small myoma, but also a papillary mass springing from the mucosa on the right side of the uterine cavity, yet not over the seat of the myoma, and, last, a small tumor of the mucosa on the left side. The mucosa itself was atrophic, as was the muscular coat of the uterus. Yet this atrophic organ bore three new growths of different types, two of which at least were of recent origin. In the third case, of which Glockner gives no details, the patient was 55, and the menopause was established.—British Medical Journal.

Removals. — Dr. J. L. Manasses announces his removal to 3110 Diamond Street, Philadelphia.

Dr. A. H. Cleveland has removed to 256 South Fifteenth Street, Philadelphia.

Reinfection of Syphilis.—Klotz reports a case of reinfection occurring six years after the previous manifestations of syphilis. The case yielded promptly for a time to mixed treatment, with recurrent exacerbations in the form of gummatous swellings over the ribs, bones of the leg, finger, etc. In the initial attack there was no history of chancre, although in the reinfection this was quite evident. The author is convinced of the authenticity of his case, a typical primary lesion appearing within a certain time after exposure more than six years after symptoms of the previous disease had absolutely disappeared. There was moderate, but distinct, enlargement of the inguinal glands, followed in due time by a typical syphilide, later on an iritis and another papular eruption; finally a hemiplegia. He believes that tertiary manifestations of syphilis may be directly produced through inoculation from tertiary lesions of some other individual.—Journal of the American Medical Association.

A Correction.—Dr. Albert I. Bouffleur, of Chicago, calls our attention to an error which crept into the text of our July number. "The American Association of Railway Surgeons" is the title of the consolidated organization formed by the junction of the American Academy of Railway Surgeons and the International Association of Railway Surgeons. The list of officers was properly given.

August Lippincott's Magazine. — Maude Roosevelt contributes to the August Lippincott's Magazine the leading novelette, entitled "Social Logic." It is a tale of gay New York and gayer Paris as it follows the fortunes of two attractive girls of good family, but small means, who drift together in a boarding-house. A clever and timely tale by Eleanor A. Hallowell is called "Old Home Week in Bohemia." Seumas MacManus's story, "The Sacrifice of Nabla," excels in power and pathos. Vincent Harper, a Canadian writer, contributes a sprightly summer story of Bar Harbor doings. A little story by Emanuel Lissner called "A Piute Tragedy—or Comedy" shows well-concentrated artistic quality. The "summer widowers" and their invisible wives should read Mary Moss's acute tale called "Marooned."

A Choreic Family.—Four generations of the family described had eleven members more or less severely affected with chorea, and the young fifth generation seems to be shadowed by the same fate. The only member of the family who has escaped it to the age of 49 was nursed by a foster mother away from home. D'Ormea thinks that this fact is suggestive from a prophylactic point of view.—Journal of the American Medical Association.

Death of Dr. Bird.—Dr. John F. Bird died at Fox Chase, Philadelphia, in his eighty-ninth year. He was born in Maryland, and graduated from Dickinson College in 1856. Coming to Philadelphia, he continued in the practice of medicine until about three years ago, at which time he was said to be one of the oldest practicing physicians in this city. He is survived by two daughters and his wife, who was formerly Mrs. Helen M. Bostock, a well-known writer of verse.

Book Reviews.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A. Volume I. Fourteenth Series, 1904. Philadelphia: J. B. Lippincott Company, 1904.

The editor of this work is assisted by a large staff of collaborators in the chief medical centers of this country and Europe. We have so many times noted with approval the distinguishing features of these series that such commendation needs not to be repeated. Each issue is composed of seasonable, practical, and instructive lectures. Those who possess and use the volumes are kept in touch with the state of knowledge and progress of the times. For instance, the first paper in this volume is by F. Widal and A. Javal, of the Paris hospitals, and discusses a subject which is now attracting much attention, viz.: the influence of sodium chloride in the production of œdema in the course of parenchymatous nephritis. The bearing of this action upon daily practice is in this article studied in connection with a case. Dr. Reynold Webb Wilcox contributes a clinical study of adonidin. Neurasthenia in different relations is considered by Dr. Robert T. Edes and by Dr. George W. McCaskey. Pneumonia, with reference to its increasing prevalence and mortality, its prevention and treatment, is the subject of a paper by the late Dr. Nathan S. Davis, of Chicago. Dr. John G. Clark reports five cases of intestinal anastomosis in which the Connell suture was used and which he indorses as the best method yet devised. In the field of gynæcology we find two communications upon nonoperative treatment, one concerning inflammations of the genital tract by Dr. Francis H. Davenport, and the other of chronic ovarian lesions by Dr. Daniel H. Craig.

The latter part of the volume is devoted to a review of the progress of medicine during 1903 by Dr. David L. Edsall, of surgery by Dr. Joseph C. Bloodgood, and of treatment by Dr. A. A. Stevens.

In addition to those which we have mentioned the volume contains numerous other lectures or papers by representative men upon subjects connected with medicine, treatment, surgery, gynæcology, and neurology.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Clinical Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A. With Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipzig, Brussels, and Carlsbad. Volume II. Fourteenth Series, 1904. Philadelphia: J. B. Lippincott Company, 1904.

The principal part of this volume is occupied by papers on diseases of warm climates, medicine, and surgery. In addition Dr. Isaac A. Abt, of Chicago, contributes to the department of pædiatrics a paper on broncho-pneumonia in children, and Dr. Francis J. Quinlan an article upon nasal obstruction. Diseases of the tropics is a timely subject and is of more immediate interest to American physicians since our acquisition of the Philippines. Dr. Charles

F. Mason, U. S. A., writes of the spread of disease by insects, with suggestions regarding prophylaxis. Prof. John McCrae, of the University of Vermont and McGill University, discusses the subject of sleeping sickness, one which is attracting much attention at the present time. Some of the graver manifestations of malarial intoxication are the subject of papers respectively by Dr. Kanellis, of Athens, Greece, and Dr. William Krauss, of Memphis, Tennessee. Prof. Allen J. Smith, of the University of Pennsylvania, gives an excellent account of the hook-worm and the morbid conditions which it occasions. In the section of treatment we find articles by Professor Nichols, of Columbia University, Washington, and Professor Bierring, of the University of Iowa, on different forms of arteriosclerosis and the best methods for their management. The care of heart disease receives consideration from Dr. James M. French, of Cincinnati, and Prof. Eli H. Long, of the University of Buffalo. Medicine is represented by a clinical lecture by Prof. Frank Billings, of Rush Medical College; upon neurotic asthma by Prof. William H. Katzenbach, of the New York Polyclinic; and upon osteomalacia by Dr. George E. Malsbary, of Cincinnati. Surgical clinics are contributed by J. Torrance Rugh, of Philadelphia; E. Stanmore Bishop, of Manchester, England; Daniel N. Eisenrath, of Chicago; Charles Greene Cumston, of Boston; and Miles F. Porter, of Fort Wayne, Indiana.

The contributors to this volume represent many schools of medicine in different lands. The teachers are well known and representative men. All the volumes of this series —and the present is no exception—constitute a presentation of valuable and timely topics and according to the latest developments of knowledge.

Tuberculosis, or Consumption. By H. H. Spiers, M.D., Ravenna, Ohio. Fourth Edition.

This book consists of many short papers which have from time to time been published by the author in various periodicals. Many of the phases of the disease are considered, and, though the book is rather small, its scope is wide. The author cites many excellent illustrations of the efficacy of open-air life. The distinctive peculiarity of the work is his theory that the death-rate from tuberculosis is in direct ratio to what he calls the suspension of atmospheric influence. By this expression he means the effect of impure or impoverished atmosphere or of defective lung tissue, original or acquired. He does not deny the activity of the tubercle bacillus, but regards it as of secondary influence.

Twenty-second Annual Report of the State Board of Health of the State of Rhode Island for the Year Ending December 31, 1899. Including the Report upon the Registration of Births, Marriages, and Deaths in 1898. Providence, R. I.: E. L. Freeman & Sons, State Printers, 1903.

There is much valuable material in these reports. The various conditions which affect the general health are systematically studied by the officials and representatives of the Board, and these investigations are of importance in tracing the origin of epidemics and other influences which disturb the health of communities. Carefully prepared statistical tables accompany the report.

Diseases of the Intestines and Peritoneum. By Dr. Hermann Nothnagel, of Vienna. The Entire Volume Edited, with Additions, by Humphrey D. Rolleston, M.D., F.R.C.P., Physician to St. George's Hospital, London, England. Octavo Volume of 1032 Pages, Fully Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5.00, net; Half-morocco, $6.00, net.

This is a valuable member of a valuable series. Some of the diseases treated of in this volume are exceedingly prevalent and are a source of great discomfort to the patient and often of disappointment to the physician. Others are less frequent, but demand great care as regards their diagnosis and the therapeutic measures adapted for their relief. They are all of importance as being closely connected with intestinal digestion and elimination. A variety of constitutional derangements are produced by disease of the intestinal canal. The malignant new formations are equally lethal in this as in other parts of the body.

All the diseases to which the intestines are subject are discussed in the light of the latest advances and discoveries of science. The purely scientific material is so correlated that its importance to clinical medicine is immediately recognized. The description of the symptoms is thorough and forms a sound basis for diagnosis, taken in connection with the physical methods which we possess. The volume is therefore extremely well adapted to be a guide to a progressive physician, one who makes it his duty to give his patients the benefit of every addition to our knowledge which tends to assist the recognition and relief of their maladies.

The diseases which may affect the peritoneum receive the same careful attention. Peritonitis and its varieties and tumors of the peritoneum are expounded in the clearest manner. The work can be cordially recommended as being an interesting exposition of a very important class of diseases.

Arteria Uterina Ovarica. The Utero-Ovarian Artery or the Genital Vascular Circle. Anatomy and Physiology, with their Application in Diagnosis and Surgical Intervention. By Byron Robinson, B.S., M.D. Chicago, Ill.: E. H. Colegrove, 1903. Price, $1.00.

Dr. Robinson has highly distinguished himself by his elaborate and accurate studies of abdominal and pelvic anatomy. This monograph is an excellent example of some of the work which he has done. It traces the development, the course, and the relations of the utero-ovarian artery, and the remarkable changes which it undergoes in pregnancy. The adaptation of this knowledge in surgical and gynæcological work is not forgotten by the author.

Electro-diagnosis and Electro-therapeutics. A Guide for Practitioners and Students. By Dr. Toby Cohn, Nerve Specialist, Berlin. Translated from the Second German Edition and Edited by Francis A. Scratchley, M.D., New York, Instructor in Electro-diagnosis and Electro-therapeutics in the University and Bellevue Hospital Medical College, etc. With 8 Plates and 39 Illustrations. Funk & Wagnalls Company, New York and London, 1904. Price, $2.00.

Physicians, as a rule, fail to utilize electricity in their practice. This great force is undoubtedly of value in the diagnosis of diseases of the nervous system. It is of undoubted efficacy in the treatment of many diseases, not alone of the nervous system, but also of the muscular apparatus, articulations, and many general affections. We ought to take pains to acquaint ourselves with the facts concerning electricity,—what it is capable of doing in practice and the methods by which it is managed and applied.

Those who have not given sufficient attention to this matter will find in this book an excellent guide. We cannot familiarize ourselves with the actual working of electrical machines simply by studying a book, but, taken in conjunction with the use of the machines, one may obtain a practical grasp of the subject which will prove a firm foundation for more extended experience. The author has discarded, as far as possible, technicalities based upon pure physics. He has sought to introduce the student to the battery at once, in the belief that this is the most direct route in electro-diagnosis and electro-therapeutics. Those who have made use of the book either as instructors or students have found it a serviceable manual. It has attained a decided popularity in Germany, and there is every reason to believe that it will be found equally useful in this country. The work of translation has been well done.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Assisted by H. R. M. Landis, M.D., Assistant Physician to the Medical Dispensary of the Jefferson Medical College Hospital, etc. Volume II. June, 1904. Surgery of the Abdomen, Including Hernia—Gynæcology—Diseases of the Blood; Diathetic and Metabolic Diseases; Diseases of the Spleen, Thyroid Gland, and Lymphatic System — Ophthalmology. Lea Brothers & Co., Philadelphia and New York, 1904.

In this volume we are presented with everything new which has been brought forward during the period which it covers in so far as relates to the departments indicated in the title. That the work of collation and condensation has been well performed is guaranteed by the names of those who have the different subjects in charge. Provided with a set of these volumes one is almost independent of the large libraries. In them we find the gist of what has been written on the different branches of our profession. The present volume deals with some very important topics. In the department of gynæcology Prof. John G. Clark, of the University of Pennsylvania, gives a very interesting account of Ludwig Fraenkel's research upon the function of the corpus luteum. This has been a *terra incognita.* Professor Clark regards Fraenkel's work as epoch-making. Fraenkel's investigations upon 114 rabbits seem to show that this glandlike body is intimately connected with the functional activity of the uterus during the maternal period. From his experiments he concludes that the corpus luteum is essential to the normal nourishment of the uterus, because destruction of the corpus is followed by atrophy of the womb and because the nutrition of the uterus corresponds to that of the yellow body. He found also that the true corpus luteum, although larger in its structure, coincides entirely with the corpus luteum spurium. The author reaches the conclusion that there is no difference in the physiological action of both these bodies. Menstruation is produced, according to this theory, by the secretory activity of the corpus luteum, and not by the pressure of the growing follicle upon the ovarian nerves.

This volume includes new matter concerning progressive pernicious anæmia, leukæmia, the latest investigations of leucocytosis in different diseases, and studies of the blood in disease. Dr. Edward Jackson has brought together the substance of what has lately been written on disease of the eye.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort-a-M. Part V. Concerning the Effects of Saline Waters (Kissingen, Homburg) on Metabolism. By Prof. Carl von Noorden, Frankfort, and Dr. Carl Dapper, Bad Kissingen. New York: E. B. Treat & Co., 1904.

We have previously noticed with approval the series of monographs published by the distinguished clinician of Frankfort on the Main. They are all the condensed result of painstaking clinical observation. The present book presents in the same concise way the influence of saline springs: *i.e.,* those containing sodium chloride. It is based upon a plan which, strangely enough, had never before been employed. It studies, in fact, the actual influence of these waters upon invalids. Particular attention has been given to inquiries of practical interest. The authors demonstrate that the curative effect of the saline mineral waters cannot be gauged according to a simple formula. The prescription of the saline water is only one link in the long chain of rules and regulations that are given to the patient, but the water is a very strong link in this chain and one that is of paramount importance. Evidence is brought forward to show that the old dogma that fats are to be interdicted when a course of mineral waters is being undertaken is founded upon erroneous conceptions. The belief that proteid metabolism is increased by the use of saline waters is stoutly denied. As regards the influence upon uric acid, the writers make the significant remark that these waters increase the excretion of uric acid in gout: a disease in which such effect is particularly desired. They conclude also that there is no urgent reason for forbidding the use of raw fruits, vinegar, salads, etc., in specified cases.

Von Noorden is an independent thinker, and his conclusions sometimes run counter to prevalent ideas, but he always adduces strong reasons for his beliefs.

Uric Acid: an Epitome of the Subject. By Alexander Haig, M.A., M.D.Oxon, F.R.C.P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women. Philadelphia: T. Blakiston's Son & Co., 1904.

Dr. Haig has done an important work in tracing the significance and influence of uric acid. He is well known as a writer upon this theme. The volume before us is intended as a short statement of what uric acid stands for to-day in clinical medicine. It is an epitome of his former work. This book describes in plain language the effect of uric acid on the circulation and metabolism, after which it takes up the consideration of the morbid states which result from its presence to excess in the blood and the local irritation which it produces, as evidenced particularly in the arthritic group of food poisonings. The final chapter of the book is devoted to the prevention and treatment of food poisoning. The author teaches that this object is to be accomplished by a dietary which will introduce the least possible quantity of uric acid into the system. The articles which he advises are bread, milk, cheese, breadstuffs (including all kinds of grain foods), dried fruits, fresh fruits, vegetables, and nuts. The point to be borne in mind is to take those which are best liked and which his powers of digestion best enable him to manage. The author insists that the bread should be supercooked, toasted through and through, and not merely on the surface. Rusks and biscuits are permitted. All kinds of puddings and porridges may be supercooked by continuing the cooking process for a whole day instead of an hour or two. He denounces meat, and relies upon diet to the exclusion of medicinal treatment.

A Text-book of Mechanotherapy (Massage and Medical Gymnastics). For Medical Students, Trained Nurses, and Medical Gymnasts. By Axel V. Grafström, B.Sc., M.D., Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second Edition, Revised, Enlarged, and Entirely Reset. Twelvemo of 200 Pages, fully Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $1.25, net.

There is no doubt that scientific massage has been instrumental in doing much good. We believe that there is still an abundance of room for its employment. Every physician should make himself familiar with the methods of manipulation which have been carefully developed by those who have elaborated the system of massage. A satisfactory guide to the art is to be found in the book before us, in which the principles of mechanotherapy are presented in a condensed form. The author describes in a clear and practical way and by the aid of many illustrations the different modes of performing massage and the principal physiological effects produced. He then, in a series of chapters, considers the diseases to which massage is most applicable. The book also contains chapters upon gymnastic postures and medical gymnastics. That the work has answered the useful purpose for which it was designed is evidenced by the call for a second edition.

Materia Medica for Nursing. By Emily A. M. Stoney, Superintendent of the Training School for Nurses in the Carney Hospital, South Boston, Mass. Beautiful 12mo Volume of 300 Pages. Second Edition, thoroughly Revised. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $1.50, net.

This is a second edition of a useful book. We took pleasure when noticing the first edition to commend the judicious plan on which it had been prepared. It contains just what a nurse must know about drugs, their chief properties, therapeutic applications and doses. The poisonous effects of the most active drugs are described and their antidotes are given. This edition has been largely rewritten in the desire to be abreast with the times. To those engaged in nursing or who propose to become nurses the book may be commended.

Lea's Series of Medical Epitomes—Tuley's Epitome of Pediatrics. A Manual for Students and Practitioners. By Henry Enos Tuley, A.B., M.D., Professor of Obstetrics in the Medical Department of Kentucky University, Louisville, Ky. In one 12mo Volume of 266 Pages, with 33 Engravings. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

Intelligent condensation in the volumes of this series has succeeded in presenting the chief facts of the subjects within such compass as shall be manageable by the medical student. In the present volume the branch of pædiatrics is so treated. The care of sick children is not the least important of the duties which fall to the practitioner's lot. An outline of the fundamental facts of this department if of immense value to the young physician. If the young graduate is informed on the absolutely necessary points of the subject he is well prepared to build a superstructure with the observations which his experience brings him and by his more extended study of the larger and fuller works upon pædiatrics. Dr. Tuley has written a useful summary of our knowledge of diseases of children, and we have no doubt that it will be received with the same favor as the other members of the series.

Modern Ophthalmology. A Practical Treatise on the Anatomy, Physiology, and Diseases of the Eye. By James Moores Ball, M.D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With 417 Illustrations in the Text and Numerous Figures on 21 Colored Plates, nearly all Original. 820 Pages, Extra Large Royal Octavo. Price, Extra Cloth, $7.00, net; Half-morocco, $8.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Professor Ball has prepared a very excellent work. In it we find a faithful exposition of the whole subject of ophthalmology as it exists to-day. There is perhaps no more important special branch of practice. He who wishes to qualify himself for the intelligent and competent practice of this branch must certainly possess an adequate knowledge of optical principles, general and special pathology, the anatomy, physiology, and embryology of the eye. He must also be trained in the delicate manipulations of ophthalmic surgery. Manual skill cannot be obtained by the study of books, but a work of this kind must describe the principles and steps of the operative procedures which may be required in diseases or wounds of the eye and the orbit. It is desirable also that the author should indicate those plans of treatment and those modes of operation which his own experience has convinced him are of value.

Such requirements of a good text-book are fully answered by this volume. The first three chapters of the book describe in lucid style and by the assistance of numerous plates the development, anatomy, and physiology of the organ of vision. The fourth chapter teaches the reader how to examine the eye. Succeeding chapters take up diseases of the eye, beginning with the external parts and proceeding inward to the retina and optic nerve. Then follow chapters upon glaucoma, sympathetic eye disease with indications for enucleation, diseases of the orbit, anomalies of the muscular apparatus, and errors of refraction. A chapter which will be of particular service to the general practitioner is devoted to the ocular manifestations of nervous diseases. In this chapter we read of the changes produced by organic disease of the brain and spinal cord, and those attendant upon various diseases of the nervous system. There is a special chapter upon preparations for ophthalmic operations and one upon the hygiene of the eyes. The final chapter treats of the methods employed in the microscopical examination of the eye. The author has been very successful in portraying the numerous details which belong to his general topic. The work is well indexed and the publishers have given us a beautiful specimen of bookmaking. The work can be commended from every point of view.

A Nonsurgical Treatise on the Diseases of the Prostate Gland and Adnexa. By George Whitefield Overall, A.B., M.D., Formerly Professor of Physiology in the Memphis Hospital Medical College. Chicago: Marsh & Grant Company, Printers.

The author of this monograph has given much study to the treatment of prostatic disease by means of electricity. He believes that he can accomplish more real good in this manner than is possible to any other mode of treatment. He has produced a handbook which will be useful to those who wish to investigate impartially and clinically the power of electricity in a confessedly unamenable class of cases. By the aid of electrolysis and cataphoresis in association with medical treatment he has accomplished results which made life decidedly more tolerable to the patients. The author describes his methods in the care of acute and chronic prostatitis, hypertrophy of the prostate, neuroses dependent upon prostatic disease, and disease of the seminal vesicles. He adduces a number of clinical histories as evidence of the relief which can be afforded by his methods of treatment.

Preventive Medicine. Two Prize Essays. "The General Principles of Preventive Medicine," by W. Wayne Babcock, M.D. "The Medical Inspection of Schools a Problem in Preventive Medicine." By Lewis S. Sommers, M.D. Published for Gratuitous Distribution to the Medical Profession by The Maltine Company, Brooklyn, N. Y.

These are two meritorious essays which show how modern medical science utilizes its advanced knowledge for the protection of society against the invasion of disease. Much has been done in this direction. Under the influence of such doctrines as are laid down in these prize essays doubtless much more is destined to be accomplished.

The Right to Live of the Unborn Child. A Controversy between Prof. Hector Treub, M.D.; Rev. R. Van Oppenraay, D.D., S.J.; and Prof. Th. M. Flaming, M.D. With an Appendix on a New Method of Operating, Ejecting the Fœtus Alive. New York: Joseph F. Wagner. Price, $1.00.

This rather curious tract presents the opposing views of representatives of the medical profession and those ecclesiastics who absolutely forbid any interference with the course of pregnancy. It is not concerned, as might be supposed, with the question of criminal abortion. It discusses the question of sacrificing the life of a living fœtus in order to save that of a mother. As every physician knows, such unfortunate positions arise from time to time in consequence of physical conditions in the mother. In conditions where the mother is almost sure to perish if the pregnancy be allowed to proceed and in all probability will be saved if that be brought to a premature end it seems to the medical mind that the mother should be saved even at the expense of the child. These cases are, from the medical standpoint, generally decided after serious consultation, and are believed to be a choice of evils in which the preference should be given to the mother.

The Man who Pleases and the Woman who Charms. By John A. Cone. Hinds & Noble, Publishers, New York City.

There is no doubt that the author has been happy in choosing a pleasing title. He gives us a discriminating analysis of the advantages and endowments which render men and women successful in society. Courtesy, the ability to entertain, sympathy, the art of conversation, and also the art of listening well, the use of good English, tact in conversation, the compliment of attention, and other points of manner and dress are the subjects upon which the author dwells in his attempt to explain the peculiar charm which does undoubtedly characterize certain individuals above their fellows. All the qualities which the author enumerates are of influence. There are many ways in which the book may be suggestive and serve a really useful purpose.

The Self-cure of Consumption Without Medicine. With a Chapter on the Prevention of Consumption and Other Diseases. By Charles H. Stanlet Davis, M.D., Ph.D. New York: E. B. Treat & Co., 1904.

This *brochure* deals with an admittedly important subject. The general consensus of opinion is that our hope of doing good and arresting the progress of this disease depends upon our treatment of the early stage. The object of treatment is to maintain nutrition and increase vital resistance. This is to be done by the intelligent use of sunlight, water, food, rest, and exercise. We have no specific means. The author makes a strong plea for exposure to outdoor air, regardless of all weathers. Every bedroom should be well ventilated. Patients in sanatoriums rapidly become acclimated to exposure and gain appetite. Patients should be taught the art of deep, full, systematic breathing. The diet should be regulated on scientific principles. Properly regulated exercise is beneficial. The author has a short, but good, chapter on the influence of climate. In the chapter upon sanatorium treatment is given an account of the establishment at White Haven. The sanatoria treatment of tuberculosis offers the surest means of regaining health and permits the attainment of the best possible results. The book concludes with two appendices, one upon the prevention of consumption and other diseases, a second upon the nutritive value of animal and vegetable food.

Obstetric and Gynecologic Nursing. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. Twelvemo Volume of 402 pages, fully Illustrated. Second Edition, Thoroughly Revised. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Polished Buckram, $1.75, net.

This book has been very carefully prepared and is an excellent guide for nurses in the field to which it is devoted. Acknowledgedly a very important field, the advantages of trained nursing to the patient and the valuable assistance to the physician can hardly be overestimated. In obstetrics lives are being saved every day which might otherwise be lost. In gynæcology the major operations depend largely for their success upon the co-operation of the trained nurse. The author goes into a consideration of all the phases of nursing during pregnancy and labor, the preparation of the patient, the attention to the stages of normal labor, and the exigencies of complicated labor. The demands of the puerperium and the newborn child next receive attention.

Then follow directions to be observed in the accidents of pregnancy and of labor, and in operative surgery as related to obstetrics, nursing in puerperal sepsis, the disorders of infancy, etc.

The gynæcological nurse is taught how to prepare patients for examination and operation, and all the multifarious occupations which the operations of gynæcic surgery necessitate before, during, and after an operation. In all these particulars the book is a safe instructor, and the second edition has been revised so as to represent the subject of these varieties of special nursing as they are understood and practiced to-day in the best hospitals and in private practice.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States for the Fiscal Year 1903. Washington: Government Printing Office, 1904.

These annual reports embody a large amount of useful information, not only to the profession, but also to the general public. In this volume we find many reports concerning contagious diseases both in this and foreign countries, together with accounts of the measures adopted for their suppression and preventing their transmission. Reports are made by officers detailed to attend the meetings of various medical societies. A miscellaneous division embraces papers upon cases of interest treated by officers of the service and necropsy reports. At the end of the volume are numerous tabular statements relative to the distribution of disease.

Epilepsy and its Treatment. By William Spratling, M.D., Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Handsome Octavo Volume of 522 Pages, Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $4.00, net.

The wide experience of the author, who was for nearly ten years superintendent of the Craig Colony, qualify him in an unusual degree to produce a standard and elaborate treatise on a disease which has always enlisted special attention. Like some other great physical evils, epilepsy presents many phases, and some of these interest intelligent and philanthropic laymen as well as physicians. It is this fact which has led to the establishment of epileptic colonies in which industrial, social, and educational influences are utilized in addition to medical treatment.

In this work epilepsy is fully considered from every point of view. Two chapters are devoted to etiology. Among other causes, more particularly when acting upon predisposed individuals, is emotional shock, which the author regards as a too generally unappreciated factor in the causation of epilepsy. He cites a number of cases in illustration. The power of an epileptic attack to excite a seizure in another epileptic is undoubted, although the occurrence is rather rare. The author has observed that such instances in a large epileptic community become in time extremely infrequent. As regards trauma, it is stated that such lesions of the cranium and cerebrum cause epilepsy without any predisposition to the disease. Epilepsy from this source is nearly three times greater in men than in women. The author is convinced that epilepsies due to derangements of the gastro-intestinal system are of greater importance than is generally supposed. Syphilis seldom causes epileptic manifestations which rise to the true form of the disease unless the brain or its membranes are involved, and even then the convulsive attacks are more apt to simulate Jacksonian epilepsy. The author believes that epilepsy predisposes to diseases of the heart and lungs. Organic disease of the heart is a frequent accompaniment. In some cases the heart disease precedes and in all probability produces the epilepsy. In the histories of 1324 cases admitted to the Craig Colony in eight years not once is eyestrain or visual defect of any kind given as an assigned or probable cause. The author gives a graphic description of the symptoms of the *grand mal* and the *petit mal* and cites several illustrative cases of psychical epilepsy. This curious manifestation has to do only with the mental faculties of the individual, never in any case involving the motor side in any manner or degree. Psychical epilepsy is recognized as a distinct form of the disease, although but little understood. The section upon *status epilepticus* is full of interest and importance. The sequelæ of epileptic convulsions are related in a separate chapter. As regards curability, the author quotes Turner: "From the collected statistics a period of arrest for at least nine years has been fixed as the basis upon which a cure of epileptics as curable. The statistics of definition of a cure I regard 10.2 per cent. of epileptics as curable." The statistics of Craig Colony are not so favorable. Only 5 per cent. could be looked upon as possibly curable. The gross and microscopical pathology of the disease is delineated in the light of the present knowledge of the subject. The conclusions are, briefly: epilepsy is a cerebral disease attended and followed by diffuse cortical degeneration; the chief change is destruction of the nuclei of cells of the sensory type; the disease is produced by a variety of toxic or autotoxic agents not as yet definitely isolated.

The treatment of epilepsy is considered along three distinctive lines: general, medical, and surgical. An extremely interesting account of colony life and its value in the care of epileptics is given that should be read in its entirety and carefully pondered. Although appreciating the power of the bromides when used with discrimination, the author pertinently observes: "I know of no drugs save those which produce habits . . . that are so universally abused as the bromides." An account is detailed of the experience at Craig Colony of other drugs and plans of medical treatment which have been recommended. His experience with *Solanum Carolinense* leads him to believe that it is effective in selected cases, in patients possessing good digestive powers and with as little mental impairment as possible. The surgical treatment of epilepsy is fully considered. The volume concludes with an important chapter on the medico-legal aspects of epilepsy.

Obstetrics for Nurses. By Joseph B. de Lee, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago; Lecturer in the Nurses' Training Schools of Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals. Twelvemo of 460 Pages, fully Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $2.50, net.

In this work the student nurse will find everything necessary to fit her to become an efficient assistant in the duties and responsibilities of the lying-in chamber. These duties are often onerous. They demand both knowledge and presence of mind. The former qualification can be gained by a faithful study of a book like the one before us; the latter is a personal characteristic without which none can succeed either as physician or nurse.

The skilled help of an educated nurse is of incalculable value to the obstetrician, more especially in those complicated cases with which one may at any time be confronted. The preparation of the patient for the labor, the watchfulness with which antiseptic precautions are observed at every step, are only possible to one who has received adequate theoretical instruction supplemented by the experience gained in the practice obtained in the maternity hospital. As regards inculcation of sound principles, the book before us is adapted to fulfill an excellent purpose. Its language is clear, its explanations are sufficient, and the illustrations are of material assistance.

The book is divided into three parts, to which an appendix is added. The first part teaches the anatomy and physiology of the reproductive system. The second part explains the duties of the nurse during labor and in the puerperium. The third part is devoted to the pathology of pregnancy, labor, and the puerperium. The part performed by the nurse during labor is carefully described. Every detail looks toward the securing of asepsis or antisepsis and the preservation of the mother from toxic consequences. In the appendix we find directions for the visiting nurse in obstetrical practice, a chapter on hospital *vs.* home nursing, the obstetrical nurse, and dietary.

The book constitutes a good practical guide to the art of obstetrical nursing, and as such can be recommended, particularly to the class for which it is intended, although the young and inexperienced practitioner of medicine may find much of suggestion and help in its pages.

Biographic Clinics. Volume II. The Origin of the Ill Health of George Eliot, George Henry Lewes, Wagner, Parkman, Jane Welch Carlyle, Spencer, Whittier, Margaret Fuller Ossoli, and Nietzsche. By George M. Gould, M.D. Philadelphia: P. Blakiston's Son & Co., 1904.

Those physicians who are fond of biography will find much of interest in this book. The persons whose health is discussed were all of prominence and most were eminent. Their literary or artistic work appeals to those who love *belles lettres.* The description of their ill health is supposed to be of interest to physicians, although when off duty many would prefer to obtain recreation by forgetting for a while all profesional topics and more especially when those relate to people who are dead and gone and about whose maladies nothing can now be proved. Dr. Gould has taken great pains to collect data from the biographies of so many persons of talent. As regards the conclusions to be drawn from his material, they should correspond with what we find in our own day and generation. Does eyestrain produce such effect on literary workers at the present time? Nevertheless, the many extracts which the industrious author has gathered together are in their way memorials of persons whose individuality was striking, if not in all instances pleasing. We take the liberty of supposing that Nietzsche is not well known to the mass even of educated people, but the little that we generally hear of him is rather repellent than otherwise. We are assured by the author that he was a pure and lovable character.

Eighteenth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania. Transmitted to the Governor, November 28, 1902. Wm. Stanley Ray, State Printer of Pennsylvania, 1903.

This volume contains a description of the vast amount of work done by the members of the State Board of Health and its officials in the effort to safeguard the health of the inhabitants of this Commonwealth. The chief dangers to health are, of course, in populous cities, but country communities are not altogether exempt and have their own nuisances by which disease may be spread. The report of the secretary, Dr. Benjamin Lee, of Philadelphia, is full of important matter.

CURRENT MEDICAL LITERATURE.

Monthly Report of the Board of Health for the Philippine Islands and City of Manila, January, 1904.

Public Health Reports. Vol. XIX, Nos. 1-29.

Conical Cornea—An Historical Review, together with a New Nonoperative Method of Treatment. By L. Webster Fox, A.M., M.D., Philadelphia.

Relation of Dental Affections to Diseases of the Eye. By L. Webster Fox, A.M., M.D., Philadelphia.

Practical Clinical Notes on the Administration and Action of Iodo-nucleoid, or Organic Iodine. By G. Frank Lydston, M.D., Chicago, Ill.

COMMERCIAL NEWS.

SOLUBLE MERCURIALS IN THE TREATMENT OF SYPHILIS.

By George W. Tobias, M.D.,
NEW YORK.

It has been found in practice that the formula for the so-called "specific" biniodized oil, adopted by Professor Panas, Dieulafoy, Lancereaux, Brissaud, Fournier, and other leading French specialists for diseases of the skin, was far too weak for the mercurial treatment of syphilis. Nevertheless there has been a growing demand for this oil, because it is not irritating to the stomach, and used hypodermically, is preferable to the insoluble mercurials (calomel, tannate of mercury, etc.). The assimilation and subsequent elimination of these injections of insoluble salts of mercury is always uncertain and unsatisfactory, and they frequently produce abscesses, and always cause considerable shock to the patient.

Since Ricord's time the protiodide has been the favorite internal treatment. It is preferable to bichloride of mercury, because the latter attacks the living tissue, chemically uniting with it to form an albumate of mercury, before being slowly reduced to an oxide, and finally into small globules of metallic mercury. This reduction to metallic mercury occurs with all salts of mercury when introduced into the system in whatever form, but the *proto* salts are reduced to larger globules than the *per* or mercuric salts. The writer is of the opinion that it is not important which salt of mercury is exhibited as far as the effects on the disease is concerned; preference, however, should be given to a preparation which does not attack violently the living tissues. Hence this soluble, nonirritating, oily solution of mercuric iodide is possessed of advantages which cannot be denied, for in the intestinal emulsification of the oil the infinitesimal subdivided mercuric iodide comes in contact with the food contents of the alimentary canal, and any caustic action is exercised on these rather than on mucous membranes.

In pill form, protiodide and calomel, as well as the red iodide of mercury, often cause considerable irritation in the alimentary canal, and, while these disadvantages may be overcome to a certain extent by the addition of small doses of opium, it is well known that opium locks up secretions, which condition is certainly undesirable in the case of syphilitics.

Dr. Chapelle, of the Paris Municipal Laboratory, finds that, while the biniodide of mercury is only soluble in very minute quantities in oils, such as almond, olive, etc., if the mercuric iodide is formed in the oil itself it dissolves in its nascent condition and remains in solution. A 1-per-cent. solution of nascent mercuric iodide is a convenient and permanent strength. While, of course, this mercuric iodide in oil acts like all other mercurials as an antisyphilitic, it never salivates or produces the slightest irritation in the alimentary canal.

This oil may either be given in the form of capsules of 4 minims each (which is equivalent to $^1/_{32}$ grain) or injected hypodermically. Clinical experience shows that its effects are the same as mercury by inunctions, or of any of the mecurial salts when administered by the stomach or hypodermically, and its use can be continued indefinitely, without requiring intervals of repose. Blood tests thoroughly prove that patients do not become anæmic when this biniodized oil is long continued, even in heroic doses, and, while the capsules gradually bring the patient under the influence of mercury, the hypodermic injections are very prompt in their effects on gummas and other tertiary symptoms. This 1-per-cent. solution of mercuric iodide in oil is now usually prescribed under the name of Cypridol, which does not betray the fact to the laity that mercury is being administered.

(Continued on Advertising Page 18)

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In my somewhat extensive clinical experience with Cypridol I find but one objection. It is that the symptoms often subside too quickly, and with syphilitic patients it is difficult to persuade them to continue the treatment unless accidents recur.

GEORGIA'S TUBERCULOSIS CRUSADE.

The enormous increase in deaths from tuberculosis, during the last decade, has for some time aroused the profession of Georgia to the public danger. No definite plans were formulated to fight this disease, however, until April, 1904. At that time in Macon, Ga., at a meeting of the Medical Association of Georgia, Dr. T. E. Oertel, of the Medical Department of the University of Georgia, Augusta, read a paper urging that body to appoint a standing committee of five to work on tuberculosis and report annually for the next five years, which was done.

On June 22d the Committee on Tuberculosis met at Dr. Kimes's office in Atlanta. Dr. Oertel was elected permanent chairman; Dr. Clark, of Macon, secretary-treasurer. At this meeting it was determined to instruct the public on the subject of the prevention of tuberculosis by means of lectures, the public press, distribution of literature, through schools and colleges, and by boards of health. It was agreed to raise funds for use of the committee by subscription from private parties and through the newspapers. The committee also decided to hold a tuberculosis exhibit in Atlanta during the next meeting of the State Medical Society.

It is out of the question to report all the work which this committee is doing; but through the courtesy of Dr. Oertel the plans for his part of the work will be briefly stated in this article, so that the profession in those States where no such work has yet been done may join us in this, the most important of all medical endeavors, the protection of the public from this fatally infectious disease.

To fight successfully any disease the physician must have his patient's co-operation. To make the uninformed person believe he has incipient tuberculosis is equally as difficult as curing the disease. With this one fact in mind Dr. Oertel set to work to give the public "a working knowledge of consumption." He commenced by writing a series of articles on such subjects as: "Tuberculosis: What it is and What it Does"; "Cure of Tuberculosis"; "Prevention of Tuberculosis"; "The Servant as a Factor in the Spread of Tuberculosis"; "Duty of the Tubercular Patient to the Public"; "Duty of the Public to the Tubercular Patient"; "What to Do to Avoid Contracting Tuberculosis." Each Sunday one article is to be published in a leading newspaper of Augusta.

In the first article the exact nature of the disease was told in a clear, concise manner —in a way that the most unlearned could understand. Building on this, the reader was gradually led through the cause to the treatment and prevention of the disease. When these subjects were taken up, isolating the tubercular patient like one with leprosy, or putting him in a pest-house as if affected with small-pox, was not advocated. In its stead, strict attention to hygiene, plenty good food and pure air, the prompt destruction of all sputa, and the administration of the few drugs to meet the wants of the several symptoms were vigorously insisted on. By so destroying

(CONTINUED ON ADVERTISING PAGE 20.)

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all sputa the tubercular patient would prevent the spread of infection through the inhalation of dust laden with tubercle bacilli, and hence do his duty to the public.

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"In addition to this it is the duty of the State to instruct not only the consumptive, but the public at large. And in all cities there should be a committee on tuberculosis consisting of persons especially trained and qualified for the work."

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In the anticipation of all laudable human desires ample means are provided by our Creator for their attainment. In those places where consumption prevails and no effort has been made to decrease its mortality, medical men should awaken to the duty that they owe to those whose lives are in their hands, and endeavor to exterminate this most dreaded of all diseases by so educating the minds of the people that they may intelligently assist

(CONTINUED ON ADVERTISING PAGE 22.)

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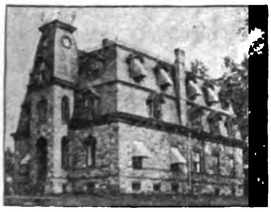

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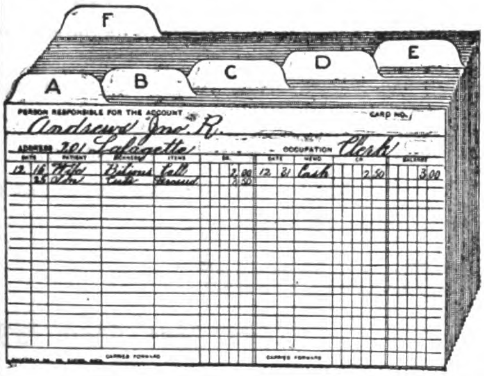

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(CONTINUED ON ADVERTISING PAGE 27.)

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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXVI. PHILADELPHIA, SEPTEMBER, 1904. No. 9.

Clinical Lecture.

INTOXICATIONS FROM ALCOHOL, TOBACCO, CARBOLIC ACID, LEAD, AND ARSENIC.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,
Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

CASE I.—ACUTE ALCOHOLISM.

GENTLEMEN: By one of those coincidences which happen not infrequently in the clinical service I am able to exhibit to you a little group of cases which exemplify the deleterious influence of certain substances upon the human organism. These are cases of poisoning, or intoxication. Poisons may be taken accidentally, they may be purposely taken with suicidal intent, they may be deliberately given to effect murder, or they may be unavoidably introduced into the system in the pursuit of certain trades. There is another class of poisons to which patients become addicted on account of the pleasurable sensations which they produce. Some of these substances are very insidious in their action. Opium, for instance, lulls the taker into such a blissful condition that he is tempted to repeat the experiment. Tobacco, on the contrary, sickens at first and one must persist with resolution in order to become habituated to its use. There are some individuals who—fortunately for themselves—can never overcome the disgust excited by the first attempt. The majority of boys or men, however, continue to use the weed until they can take it without nausea and end, as we all know, by becoming devoted users of tobacco.

Our first patient is an example of the commonest of all intoxication,—so common, in fact, that the word intoxication is generally intended to be synonymous with alcoholism. This, however, is not its medical sense. Alcoholic inebriety is only one of a number of intoxications.

Liquors containing alcohol have been associated with conviviality from time immemorial. In all ages and in all countries men have learned how to brew and distill. So common is the habit of drinking that there is scarcely a boy in the land who does not learn to recognize the staggering gait, the indistinct and incoherent utterance, the excitability, the emotionalism, the pugnacity or bad temper, the heavy sleep as the manifestations of drunkenness. Alcohol displays its effects upon the human frame in two forms. One is described as acute and the other as chronic. With the acute form everyone is to some extent familiar. A person, perhaps after a period of abstinence or, at least, of moderate drinking, falls in with some boon companions and drinks to excess. The ordinary phenomena of drunkenness result. As regards quantity there is no rule. What to some is excess is to others moderation. Chronic alcoholism is a slower, but more widely reaching, variety of intoxication. I have before you in this amphitheater from time to time illustrations of the profound injury wrought on stomach, liver, kidneys, heart, blood-vessels, and nervous system by an habitual use of alcoholic beverages. These effects are classified under many different names, but the term chronic alcoholism embraces them all from the etiological point of view. Alcohol and syphilis are the scourges of mankind and they are generally twin curses—they work hand in hand. The victims of chronic alcoholism are often steady, but moderate, drinkers, and would repel with indignation the name of drunkard. Yet they suffer from a more disastrous impress than the men who occasionally drink to excess and then abstain from liquor for some appreciable period.

---

[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

The patient now in our presence illustrates another class very large in populous communities and especially in the lower neighborhoods. Members of this class drink to absolute drunkenness whenever means or opportunities allow. In this condition they represent, as does this patient, the phase of acute alcoholism. They eventually arrive at the stage of chronic intoxication and fill the wards of our hospitals.

This man is 35 years of age. By his own confession he has been drinking freely for two or three weeks. Two nights ago he was so overwhelmed by his potations that he could scarcely stand and in this condition he was brought into the hospital. His nervous system is very much shattered and he is on the verge of delirium tremens.

In such patients there is very apt to be involvement of the liver and kidneys. Therefore we must be cautious in the use of strychnine, which is capable of producing a deleterious influence upon the renal circulation and epithelium. It is necessary to examine the urine for albumin and casts. A man like this requires a moderate quantity of liquor while he is under treatment. His nervous system will be unresponsive if totally deprived of its accustomed stimulus. I shall allow him 1 ounce of whisky three or four times a day. As in this particular case the urine is free from albumin, the patient shall be given pellets of strychnine sulphate, gr. $^1/_{30}$, four times a day. Hyoscyamus is the best remedy to strengthen the nerve-centers and allay their excessive irritability. It is often acceptably combined with codeine or apomorphine. Hyoscyamus is our most reliable drug in the management of delirium tremens. Where, as in many cases in private practice, the patient cannot be closely watched, we may give the tincture of hyoscyamus in doses of from 10 to 15 minims. The most effective form, however, is the hyoscine hydrobromate, hypodermically administered in the dose of $^1/_{120}$ grain, and repeated every third hour as long as indicated. While the nervous system is in a state of such disorder the patient must be fed upon beef soup, *consommé*, clam broth, or milk and lime-water.

It is in accordance with these principles that the patient is being treated. In addition to the pellets of strychnine and the hypodermic injections of hyoscine hydrobromate—the effects of both being carefully watched—the man takes a mixture composed as follows:—

℞ Tincturæ capsici, ʒij.
Tincturæ gentianæ comp.,
Tincturæ ammonii valerianatis, aa, ℥v.

M. Sig: Tablespoonful every two or three hours.

CASE II.—NICOTINISM.

The second patient is an example of another very common form of intoxication. He is 38 years of age and is in the habit of using tobacco to excess. He both chews and smokes the weed. The consequence is that his digestive apparatus, blood, and nervous system are very much out of order. His tongue is thick, flabby, and coated, with very prominent papillæ. He is constipated, and is in the habit of dosing himself with salts every day. His appetite is not vigorous and he has a feeling as if the food could not pass down the œsophagus. This is a miserable condition for a strong man, whose occupation keeps him in the open air, to find himself in at the age of 38. Moreover, he complains that for a year he has suffered from pain in the nose between the eyes. He has also pain in the back.

The symptoms have been caused by the abuse of tobacco. The sickness and faintness produced by the first attempts to smoke would teach us, if we had no other source of knowledge, that the nicotian weed is possessed of energetic properties. Those who become addicted to its use are gradually inured to its effects. Nevertheless, those who indulge to excess are afflicted with a number of physical ills. The secretions are diminished and the functions of nerve-centers are impaired. The digestion is disturbed, and products of faulty metabolism, being absorbed, give rise to rheumatoid pains in various parts of the body, as is exemplified in the present case. One of the most usual effects of tobacco upon the nervous system is shown by palpitation of the heart. In some instances precordial pain is excited. Habitual irritability of the heart may lead to hypertrophy of that organ. Vision is sometimes disturbed by the use of tobacco. The sight is weakened or may be actually lost. I have met with a number of cases of tobacco amblyopia. Students not infrequently injure themselves by an excessive addiction to tobacco. I remember two young gentlemen who in all probability lost their lives indirectly from the abuse of tobacco. They smoked incessantly until their nerves were so unbalanced that the muscles of face and body twitched. In this disordered state it happened that they were attacked by serious illness. One suffered from broncho-pneumonia. The other fell a victim to acute lobar pneumonia. Both perished. Chronic tobacco poisoning had sapped their vitality and enfeebled their powers of resistance.

In dealing with cases of nicotinism the source of the mischief must be suppressed. When that has been done we deal with each case upon general principles and in accordance with manifestations. Constipation must be overcome. Nerve-tonics and antispasmodics are often indicated. In this patient the digestive system has borne the brunt of the attack. In order to place the mucous membrane in better condition and inhibit the influence which has produced the pain of which he complains I shall prescribe:—

℞ Salicini, gr. v.
Olei gaultheriæ, ♏ij.

M. et ft. capsula no. j. Mitte tales no. xxx.

Sig.: One capsule four to eight times a day.

This is a synergistic combination. The salicin is tonic and antiseptic. It will improve this man's appetite and digestion, clean his tongue, and, assisted by the oil of gaultheria, relieve his pain.

CASE III.—CARBOLIC ACID POISONING.

The next case is a partial illustration of a form of poisoning which has become very common. The man is 47 years of age. He was admitted three hours ago with the statement that he had taken carbolic acid by mistake. This irritant substance seems to be a favorite now with those who seek to take their own lives. I presume this must be due to the fact that carbolic acid can be readily procured from the druggist. Almost every day we read in the newspaper of some wretch who has swallowed carbolic acid with suicidal intent.

Carbolic acid burns the mouth and tongue. A white eschar is evidence of its action. Continuing its course it exercises the same influence upon the œsophagus and stomach. Vomiting soon occurs, with cold sweat. The patient sinks into a state of collapse. Narcosis or coma follows. Respiration is usually rapid and shallow. The pulse is generally weak and rapid. In some instances convulsions occur. If life is long enough preserved gastritis results and the urine acquires a blackish or olive-green color. This poison acts with much rapidity. Half an ounce has been known to produce death, and a fatal dose usually kills within twelve hours and sometimes death is almost immediate. The presence of white eschars and the odor of the acid are the points of diagnosis. You must also remember that strong carbolic acid preparations in the form of ointments or lotions have sometimes produced distressing or even fatal results. It seems that the strong and peculiar odor of carbolic acid should be a protection against taking it by mistake. Nevertheless, I suppose that a person may hurriedly grasp a bottle and drain its contents or a portion before he realizes his error. Most such accidents occur during the night when one wishes to take a dose of medicine in the dark. This is something which should never be done, but I knew a medical student years ago who nearly lost his life by taking aconite instead of some other medicine. He had been ill from some slight ailment and he grasped the wrong bottle in the dark.

I use this man as a text, although, as I have said, he but partially illustrates my subject. He may have swallowed some of the acid, for when he was brought to the hospital he was cold, collapsed, had nausea and vomiting. His heart and respiration were quickened. At the end of three hours, however, I find no trace of its effect upon the tongue or mouth. His pulse, temperature, and respiration are normal. He probably did swallow some of the drug. I do not think the symptoms are due solely to fright. Fortunately for himself he did not take enough to do him any harm.

I show you this case for another reason. It is an incident which may happen on the first day of your practice. The physician is often summoned to see patients who are supposed to have taken poison and you must be prepared to determine whether or not this has been the case, whether or not there is any danger. I remember a young woman who, after a lover's quarrel, either pretended to take laudanum or might have swallowed a few drops, and was walked up and down the street for hours in order to keep her awake when all that ailed her was hysteria. Well, gentlemen, there is no need for a doctor to spend his time walking an hysterical girl up and down the street!

In treating a case of carbolic acid poisoning the stomach should be emptied by means of the stomach pump and the sulphate of magnesium or sodium given as an antidote. The syrup of lime—liquor calcis saccharatus—is also serviceable. Alcohol is recommended as an effective antidote. The white of eggs or flour and water are of assistance in the treatment. The patients generally need to be stimulated by hypodermic injections of atropine and hot applications. If we can succeed in neutralizing the poison the after treatment will be that appropriate to acute gastritis.

CASE IV.—LEAD POISONING.

This man, 37 years of age, is a painter by trade. He comes to us on account of a local paralysis which for two years has incapacitated him for work. You will observe that his hands drop downward from paralysis of the extensor muscles of the forearm. This is known as wrist-drop, which is one of the signs of lead poisoning, to which painters and other workers in lead are peculiarly liable. An acute poisoning from this metal is rare, but a chronic form results from slow absorption. I look at the man's gums and I see them marked by a bluish line along the margin. This is another evidence. The discoloration is caused by a deposit of metallic lead or its sulphide. Another common manifestation of lead poisoning is lead colic or painters' colic, as it is often called,—colica pictonum. The abdomen is the seat of griping pain. There is obstinate constipation. The patient is nauseated and vomits white, curdy masses, which contain lead chloride, formed by the action of the acid of the gastric juice. The abdominal muscles are of boardlike hardness and retracted. When the bowels are opened the contents are blackened by the presence of sulphide of lead. The breath has a bad odor. The patient is pale, thin, and weak.

Although lead palsy usually attacks the extensors of the forearm, yet other muscles may be involved, and in some instances death has occurred from paralysis of the muscles of respiration.

A third variety of plumbism has sometimes been encountered. This is known as lead encephalopathy. Headache, vertigo, convulsions, mental failure or alienation, disturbances of special senses, and hemiparesis are among the symptoms which have been observed.

In a suspicious, but obscure, case a chemical examination of the urine will disclose the presence or absence of lead.

The metal accumulates in various tissues. Lead is eliminated very slowly, and this fact explains some curious cases in which the symptoms do not appear until some months after the patient has ceased to work at his trade. Chronic plumbic intoxication is very apt to produce disease of the kidneys.

Lead palsy is treated by massage, galvanic electricity to the affected muscles, the administration of iodide of potassium or of iron, or a combination of both, and strychnine. In lead colic we are obliged to give remedies to alleviate the pain. Magnesium sulphate overcomes constipation, and morphine, belladonna, atropine, or pilocarpine relieve the cramps. In all forms of lead poisoning it is important to maintain the activity of the skin, bowels, and kidneys. Turkish baths are of avail. Some writers recommend baths impregnated with potassium sulphide.

CASE V.—ARSENICAL POISONING.

This man, 60 years of age, is afflicted with a malignant growth, an epithelioma, at the angle of the left jaw. At this spot is an eschar which leaves a portion of the maxilla exposed. The border of the growth is infiltrated; that is, the disease is spreading, and it should be removed at the earliest possible moment by the free use of the knife. The mass itself, with fully an inch of the surrounding tissue, should be excised. For this tumor has been irritated and aggravated. It has been treated by means of a plaster. Now, such preparations have their uses. In the case of small and superficial growths they may destroy the diseased tissue and remove it *in toto*. There are many, however, who do not know how to use these plasters or pastes with discretion, and this remark applies particularly to those cancer-curers who cure "without the use of a knife," who have no medical education, and are entirely unfit and incompetent to manage such a case. Deceived by specious promises, many an individual has trifled with time until it was too late for surgical intervention.

It was not, however, to discuss the subject of epithelioma and its treatment that I exhibit this patient nor did he enter the hospital on account of the tumor. No; he was brought here on account of his systemic condition. His heart is weak, he passes in the twenty-four hours only 7 ounces of urine, which is of a specific gravity of 1.022 and contains tube casts; his lower limbs and other parts are swollen and pit upon pressure; in other words, they are œdematous. Here we witness an ominous combination of weak heart, diseased kidneys, œdema, and almost absolute suppression of urine. This train of manifestations has been provoked by slow, but constant, absorption of a poisonous ingredient contained in the plaster which was applied to the man's face. Many of these contain arsenic, and it is a case of chronic arsenical intoxication which is now under your eyes. As soon as the epithelium was destroyed an absorbing surface was laid bare. Through this avenue the factors of systemic intoxication entered.

Chronic arsenical intoxication is not infrequent among workmen in those industries which employ the metal or its salts. A few years ago there was an epidemic of arsenical poisoning in England from drinking beer. In the manufacture of the glucose it had been contaminated with arsenous acid. Nausea, vomiting, cutaneous eruptions, cramping pains, tremors, and difficulty in walking were among the most prominent evidences of the action of the poison.

When administering medicinally an arsenical preparation you must be on the watch for signs of its toxic action. It is well to caution the patient or whoever administers the medicine concerning these signs and if any makes its appearance the drug should be promptly discontinued. The most prominent symptoms produced by overdoses of arsenic are gastric pain, diarrhœa, and puffiness under the eye,—œdema arsenicalis, as it is sometimes termed. Sometimes there is salivation; there may be loss of hair, a rash upon the skin, or discoloration of the integument. If the source of the symptoms is not ascertained and the system remains exposed to its influence, convulsions or paralysis may occur and the case passes on to a fatal termination. Workmen in arsenic are subject to the symptoms which I have just pointed out, and there may, in addition, be conjunctivitis, headache, dry cough, mucous discharges from the bowel, pain, and emaciation. Therefore, when such a train of symptoms is presented suspect the ingestion of arsenic in some manner and guide your inquiries toward discovering how it entered the system. Then take your measures to prevent any more poison being absorbed. If the intoxication has been produced by a medicinal preparation it must be suspended. The patient is then treated upon general principles according to his condition.

In the acute form of poison iron is our mainstay, especially the freshly precipitated sesquichloride of iron or the ferri oxidatum hydratum cum magnesia of the pharmacopœia. The official solution of ferric acetate neutralized by a little ammonia is an antidote to Fowler's solution. On account of the weakness of the heart and inactivity of the kidneys this patient has been placed upon digitalis and scoparius. These are excellent synergists. They tend to strengthen the heart and stimulate the renal function. By this means they remove or diminish the dropsy. In a case like this you may mix the infusions in equal parts and give from a dessert-spoonful to a tablespoonful every two or three hours until its effects are perceived, whereupon you can lengthen the intervals. The acetate of potassium was also used on account of its diuretic properties.

CASE VI.—BROMIDE ERUPTION.

This young man, 19 years of age, has had a career of accidents and disease. He gives rather a rambling and complicated history into which there is not time to enter and which will require a strict analysis. Suffice it to say that as a result of injury he suffers from convulsions of the Jacksonian epileptic type. For this reason he has been saturated with the bromides and exhibits upon his person one of their effects. His face is plentifully sprinkled with papules intermixed with pustules. The lesions are larger than those of eczema or acne. These illustrate what we call a bromide eruption. The face, neck, chest, and back are the favorite localities of this rash. In some instances the drug produces an erythema; in others a brownish discoloration of the skin is caused. Wheals and ulcers have also been observed in consequence of this medicament. Some individuals are very susceptible and break out with a rash after a few doses of bromide. Other but less frequent evidences of bromism are loss of reflexes and debility.

When an eruption follows the use of bromide we must suspend the remedy. Arsenic has been thought to prevent the occurrence of bromism, and naphtol is recommended by Charles Féré for the same purpose.

Original Communications.

PHYSICS OF HEART PHYSIC.

By Ephraim Cutter, LL.D.,
M.D., Harv., 1856, Univ. Penna., 1857,
NEW YORK CITY.

I. Hypertrophy.

Physical overstrain causes hypertrophy. It may be:—

Outside, as in lifting heavy weights, carrying loads, and running upstairs or to catch the cars. One writer says it takes four times the force for the heart to ascend the stairs at the same speed as on level ground. Another affirmed that it takes twenty times as much. The autonomic nerve governors of the heart and in the solar plexus in the pericardic ganglia act as if they knew the danger of death if the heart did not beat fast or hard enough to meet such great physical demands on the energies of the body systemic. A mill owner was asked what would happen if he put all at once four times its work on his steam engine in action. He said that something would break right off.

Inside *(the strain most common, important, and overlooked)*:—

(*a*) Blood thickened, possibly from an increased specific gravity where enough water is not drunk by patient.

(*b*) Blood thickened by fibrin filaments being increased in size and strength, single, multiple, in skeins, massive in clots, thrombi, and emboli; sometimes containing crystals that form cardiac calculi, called in German annals of medicine, 1729 A.D., "heart stones."

(*c*) Blood thickened by adhesive, sticky, red cells devoid of neurin covering, on the microscope slide ranged in winrows, huddling together in unsymmetrical masses because of the thickened fibrin filaments.

(*d*) Blood thickened by gravel in granules, and crystals, whole and broken.

(*e*) Hindering of the blood-stream by the roughnesses of the inner coats of the arteries from ulceration and deposit of cholesterin crystals, as in atheroma.

(*f*) Narrowing of the vascular system by pressure of tumors, by girts, and stresses at some places.

(*g*) Partial paralysis of the heart itself from the absorption of stomachic and intestinal gases; so that the normal resistance of the blood-stream sometimes becomes a strain too great to bear and the heart stops. Such deaths are liable to occur between 2 and 3 A.M., the time of the greatest distension of the alimentary canal by gases and resultant paralysis mainly because the downward peristalsis is impeded by the horizontal pose and lack of walking or otherwise moving about as in daily exercise.

(*h*) Narrowing of the mitral, semilunar and right auriculo-ventricular valves by deposits from the blood-stream and by healed ulcerations.

(*i*) Fibrinous concretions (polypi). In Dr. Benjamin Cutter's (ob., 1864) case they were eight inches long and ran up into the aorta and pulmonary artery, and in connection with pneumonitis caused death.

(*j*) Too long standing postures that tire the heart and call for more than normal force (dynamis).

II. Dilatation.

Dilatation of the heart is due to interstitial tissue weakness from fatty degeneration, from fibroid degeneration (according to late authors) and the softening of tissues young and immature, and a constitutional weakness of fibers that does not respond and rise with the occasions previously enumerated. Probably these are due to improper feeding, that produces fatty degeneration, and to metabolism (laying down and taking up of tissues) without normal textile fiber strength, because the blood does not contain all the elements to make healthy parenchyma or the food has the elements in wrong proportions. In order to get a better understanding let us have a study of the:—

III. Heart Physics of Position in Man.

1. *Standing Pose.*—We took a man 5 feet 5 inches in height and found the distance to be 20 inches from his crown to the apex-beat of the heart and 45 inches to his soles. Thus it is 25 inches more to the sole than to the crown. If the heart was at the sole it would pump against 65 inches' head of blood. By having the heart where it is 45 inches' pressure is taken off. But the heart is a center. It pumps against the 20 inches to the crown and from the capillaries of the feet, against the 45 inches from the soles. So that practically it has to work against the 65 inches' pressure. Since the arteries and veins to the head are comparatively larger than those below the heart the work of the heart as to the head is easier. There is no difficulty in sending the blood downward in the arteries 45 inches, as its weight helps. But the work comes in the $^1/_{3000}$ inch diameter capillaries and the 45 inches of venous blood against valves and gravity, said valves naturally helping when the blood has got by them. In the head veins the weight of the blood is downward in the direction of gravity, but in the leg veins it is against gravity. Besides, the heart has to work through tortuous, sieve tubes 3000 to the square inch; if these could be straightened out and no allowance made for the capillary walls, or if they could be put end to end in a straight line, 60,000 miles would be a moderate estimate of their length.

That it is more work to run the system in standing pose is seen in cooks and car-drivers' varicose and swelled legs, in "sales-ladies'" requests to sit down, and in the universal presence, in civilized life, of chairs to rest in. If my memory serves me right, people have been tortured to death by being kept in the erect position and not allowed to lie down. Instinct prompts, when one is faint, to take the recumbent posture, on the principle of hydraulics and also of level roads: *i.e.*, less power needed to run with.

2. *Sitting Pose.*—The same subject sat in a common cane-seat chair and gave the following measurements: From crown to floor, 51 inches; from heart to floor, 31 inches, making 14 inches less than in the erect pose and 14 inches' less elevation of the heart, and 28 inches' less pressure for the heart to resist. Roughly, the sitting pose in a fixed chair takes off about one-third the physical strain, hence the rest that comes in sitting down.

Rocking Chair.—A large one, set back as far as it would rock, was used. The height of the man's crown was 47 inches; heart-apex, 27 inches. So that as compared with the standing pose, 65 inches — 47 = 18 inches less, and 45 inches — 27 inches = 18 inches. The rocker pose is thus seen to give 3 feet less pressure. Hence a rocker is more restful than the fixed cane-seat chair. As the rocker chair motion is constantly changing these measurements in a pleasurable way, this American addition to home furniture is valuable. The philosophy of its motion has not been well explained in the mathematics and geometry of its changing planes and varying centers of motion and of gravity. Justice to the subject cannot be done here, but it suits our purpose to have shown that the rocking chair in said case gave 29 inches' blood-pressure on the heart in place of 65 in the standing pose.

3. *Horizontal Lying Pose* (supine, prone, or lateral) that mankind assumes in bed for sleep is the best and most practical contrivance for rest from cares, tire, worry, or pleasure. The height of said trunk in back or front positions measures 8 inches; the lateral height was 12 inches; it is easy to see how the sanguino-static pressure is reduced so as to be practically nothing for the heart work, specially as the heart is located near the center of the vertical diameters of the chest, prone or supine. Since the human race has approved of these poses, by universal use, to rest the heart in sleep, it

seems needless to discuss it further save to add that, the more points of contact the back has on which to distribute the body-weight evenly, the better. Rest would not be good with one support under the head, one under the buttock, and one under the feet. Had men skins like fishes, the ideal bed would be water. The unpopular feather bed has the commendation that it supplies a supine support which fits the hollows, curves, and arches of the body the best of all dry beds, molding its fitting somewhat like the founder's sand to the pattern for the casting. Provided it is well cared for and made up, it would be a good thing if the present date American would use a feather bed.

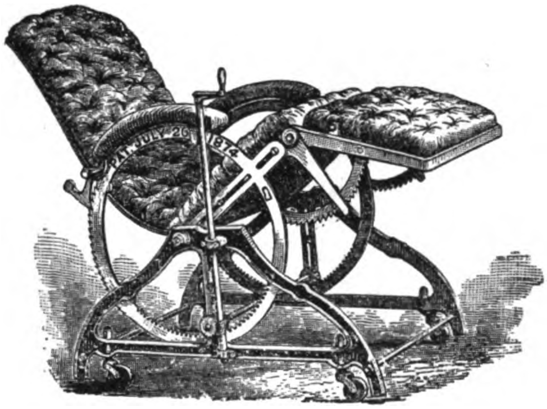

Fig. 1.—Invalid and Resting Chair Designed by Dr. Ephraim Cutter, 1874.

4. *The operating chair of the late Dr. H. J. Bigelow, the triple inclined plane bed of the late Dr. L. A. Sayre, and the invalid chair of the writer,* all fit the ***supine pose,*** with hinges corresponding to the knee and hip joints and having planes for the legs, the thighs, and the back. The third device swings at the hip-joint as a center, the back forming at will with the seat an angle of from 90 to 180 degrees. The knee angle is the same. So that with this chair you can have, for example, the sitting pose, the supine, and the pose that carries the feet higher than the head with the legs on a line with the thighs (V position) or legs at 90 degrees with the thighs. Thus it gives the reversed pose in a comfortable way, and productive of the best effects in angina pectoris and hypertrophied heart, and beautifully exhibits *physics in heart physic.* It can be made to answer for the prone pose by holding on to the chair circles and starting from the horizontal position. It does not answer for the lateral pose.

5. *Prone Pose.*—A few people sleep on the front of the body. The writer cannot explain why it is preferred to the supine. In an effort to study the prone pose said man was made to lie face downward on a lounge and chair of the same height. His head hung over the chair, his arms resting on the floor. Soon his face, hands, toes, and body front were all in a glow and warm from the settling of the blood. The heart's impulse was increased, but not its frequency. One should think the prone pose good for cold feet and spinal congestion. Next the same pose, head and arms resting on lounge and chair. The blood filled the capillaries of the body front as before. Then came easy, full, and deep inspirations of breath and a feeling of rest. Hands and feet were warmer. Thus the effect of the gravity of the blood with a small height and body-level is indisputably shown. A patient said that, when the back part of her body had become hot from lying on it and only one sheet was sufficient to cover her, she had used the prone pose with relief.

6. *On Hands and Feet, like a Dog.*—This form of locomotion quickened in said man the pulse and respiration, and made the hands, head, and feet feel hot, heavy, and congested. The hips being higher than the shoulders helps the return blood in the venæ cavæ. This position must be very useful to distribute a better blood-supply to the body front and limbs. This is also the report of a medical gymnast.

7. *Reversed pose,* when one stands on hands or head, or hangs by the toes, as in the gymnasium. Here is seen the benefit of taking off 45 inches of pressure and having the weight of blood aiding the circulation instead of resisting it. Or, to put it differently, there are two items of physics helping the heart: one, taking off 45 inches' pressure and the other adding the blood-weight to that of gravity. In practice this has been found to be wonderful in reducing the pulse quicker than medicine. The head in the full reversed pose gets the 65 inches' pressure, and doubtless there have been cases where thus flooding the head and upper part of the body has been of advantage in bringing a great supply of blood and thus improving the nutrition of the deep tissues that are not rich enough in blood-vessels, as the eyes and the upper section of the spinal cord. Reports made by a medical gymnast point to this advantage of physics in the restoration of diseased eyes.

IV. Illustrations of Cases of Physics of Position Acting as Physic.

Case I.—A stalwart policeman had been treated for enlarged heart and fibrinous concretion therein. Sounds were mixed, muffled, and almost unintelligible. Areas of dullness on percussion and auscultation were enlarged to twice the normal. The left radial pulse was two-thirds the strength of the right. There were occasional attacks of dyspnœa, livid face, palpitations, and precordial pain. But one day, after the sounds had become clear and the areas of dullness and auscultation smaller, he presented himself considerably agitated; short-breathed; pulse, 160 by watch count. He was put in the author's invalid chair, by means of which, through the controlled and graduated movements of its worm screw, he was posed supine, lower limbs straight and at an angle of 90 degrees with his trunk, so that his feet were about three feet higher than his head. After ten minutes thus his pulse was 80. Is there any other physic that would make the pulse fall from 160 to 80 in ten minutes?

Case II.—A well-to-do, well-preserved, temperate, and worthy man of about 65 sought aid for inability to sleep in bed at night for more than half an hour. Legs swelled to double size; œdematous, painful, and puffy. Heart enlarged; impulse strong. Memory does not serve as to sounds and pulse. He was told that his limbs were swelled by his too long continued upright position and legs hanging down; that his heart had become tired; that when his heart was rested he could sleep in bed; that the best way to rest his heart was to place himself in a chair so that his feet were higher than his head, thus allowing the blood to descend from the feet by its own weight added to the heart's impulse in place of static blood-pressure the height of his crown from the floor; that the heart had to rest between its beats; that I had known relief to be thus afforded, and that a several days' rest in said chair would suffice to strengthen his heart so that he could lie in bed as usual. He used the chair thus that night and the next day till evening, when he went to bed and slept all night comfortably. This speedy good result was a surprise, and was enhanced by the swelled limbs, palpitations, and anxiety of countenance subsiding greatly in the same time.

Case III.—A young man with enlarged heart and valvular lesions was seized in our office by precordial pain, dyspnœa, and severe palpitations after walking up one flight of stairs. A pose in said chair, like Case I, relieved him in about the same time, although death seemed nigh at hand.

Case IV.—A young Irish girl was found with enlarged heart, with lower limbs very much swelled and bloated, and with physical signs of conventional consumption. She had been without medical attendance, and I saw her but a few times, as the parents objected. She took a sitting pose in said invalid chair; thighs at 90 degrees with trunk; legs 90 degrees with thighs. With the worm gear of said chair she was gradually and slowly raised to where the feet were higher than the head and the legs were moved to 45 degrees with the thighs. The parents were instructed how to use the chair, and I left. Little was expected in this case. Still, after a time the chair was returned, with the report that she was relieved of her distress and swellings and did not need the chair any more. They called her cured. Be this as it may, the main point here is the wonderful medicine that physics of position proved.

Case V *(submitted with a full understanding of its unconventionality)*.—Married woman, aged 40. Angina pectoris, enlarged heart, mitral insufficiency; at frequent times, dyspnœa, pain running from the heart to and down the left arm (the lady said it felt as if a giant had grabbed her chest; palpitation and a consciousness of impending death. At first she took brandy or Hoffmann's anodyne; she was then kept by day in said chair, partially reclining. When the angina came on, she would be easily, smoothly, and steadily turned head down, heels up; the paroxysms, drugless, would soon cease. It was not long before the angina disappeared; also the hypertrophy and mitral lesion, by this physics and a diet of hearty food, specially of broiled beef.

These five cases witness that a supine pose with the head below the feet furnish a remedy in heart diseases, and that physics slow the pulse by diminishing the heart work. They evidence the efficacy of the device used, which is not a monopoly, since the same results to some degree can be had by a supine pose on a lounge with legs stretched on the head of said lounge at an angle of 45 degrees with the trunk; by a supine pose on a broad-backed rocking chair with a wide board 4 feet long under a cushion (or not) placed on the seat, attendants laying the patient thereon, turning the rocker back so as to bring the feet higher than the head, and blocking with hassocks or other means; by a supine pose on a device made by connecting two boards 4 feet long and 18 inches wide (at least) together at right angles with screws, nails, or hinges, fastening the ends with strong slats, one of which might be movable to let the patient more easily get in on to the cushions or comforters (those at hand could then turn the device so that the head is lower than the heels and block it there with common chairs); by a supine pose in emergencies, placing the patient on the back upon the floor and the legs over a flat-seated armless chair and thighs at 90 degrees with the trunk. A sunstroked man with enfeebled heart was thus relieved speedily. The great point in this physics is to have the seat plane capable of elevation from a horizontal line just as the thighs move when one lies down on his back. Gymnasiums have always used contrivances for this purpose. It would seem unwise to put heart cases to gymnastic feats, but a medical gymnast says that he had once a case of angina pectoris (physician's diagnosis) who remains cured by the principles here stated. It is risky business, as we all know sudden movements in heart diseases have proved fatal and some cases fall dead walking in the streets or die in bed asleep. One such was told not to sit up in bed at the risk of death; she disobeyed and died. The easy and perfect control of the motions of the above chair are recommendations. A recent writer alluding to the Trenholm position (*i.e.*, the body hanging by the legs at 90 degrees with the thighs [given thirty years ago in the above chair]) warns against the danger of overdistending the venæ cavæ and thus doing harm. Hence the need of a skilled medical gymnast. But the Bigelow, Sayre, and Cutter devices have never harmed anyone to my knowledge, even in Case V, which was a very critical one to handle.

If anyone doubts the action of the heart in the capillaries, the study of the capillary circulation in the web of a frog's foot will show him that it responds to the pulse-beats, and that the latter can be counted.

To Sum Up.—The advantages of the heels-over-head supine pose are: 1. The removal of 45 inches' capillary and venous blood-pressure from the heart. 2. The adding of the weight of this 45 inch column of blood to the relieved heart impulse. These physics helped Nature to cure in the above cited cases.

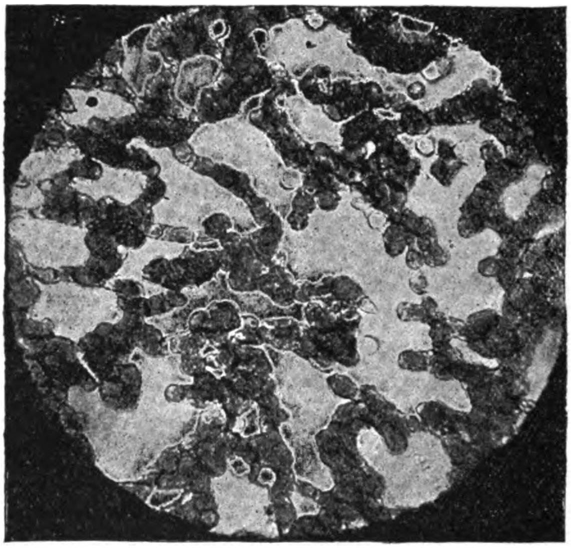

Fig. 2.—Microphotograph ($^{1}/_{16}$ Inch Objective of Tolles): Case under Treatment and Shows Improvement. There is an Endeavor to Rouleaux Rightly. (E. Cutter, 1876.)

V. Treatment to Remove the Obstacles of Physics in the Blood Itself, Exclusive of Position.

(a) *Thickened Blood.*—Drink water enough to keep the specific gravity of the urine at from 1.015 to 1.020.

(b and c) *Blood Thickened by Fibræmia, Inclosing or not White Corpuscles, and also by Adhesive Neurinless Red Corpuscles.*—Use water as in *a* and diet excluding carbohydrates, fat, fascias, and most kinds of foods from the vegetable kingdom, resuming these foods when conditions *b*, *c*, and *d* are removed.

(d) *Blood Thickened by Granules, Crystals, and Broken Crystals, Called Gravels.*—The writer thinks that the gravelly matters in the blood, and the heart calculi, never would have formed had their menstruum been diluted enough to hold them in solution. One reason for this is that he has seen the gravels, crystals, and broken crystals removed by daily drinking 2 quarts of hot water.

With due deference to those who differ with me, their removal has not been facilitated by the addition of more saline bodies to the already too large collection in the blood. If there have been cases cured by drinking spring waters largely loaded with saline bodies (it may be 1000 grains to the gallon), it was probably due to an excessively large amount imbibed when a very much smaller quantity of distilled water would have washed out the blood-granules and crystals sooner. Evidently water that has no salts dissolves more salts than water containing 1000 grains to the gallon, simply because those

1000 grains of salts are absent from the distilled water.

(e) *Blood Resisted by the Inner Coats of Blood-vessels Roughened by Atheroma (Re-entrant Angled Crystals of Cholesterin)*.—The attending ulcerations are probably results. There must have been a slow deposit, else there would have been no crystals. It takes time to form crystals. Cholesterin is made up of carbon, hydrogen, and oxygen, and comes in or close to the fat acid family. The writer knows of no way of detecting cholesterin save by autopsy or inferentially by the intermittent signs of fatty degeneration. But the treatment suggested is that of fatty degeneration; to wit, by broiled lean meat, vegetable food sparingly, as lemons, celery, etc.; hot water, physical exercise, hygiene, and medicines as indicated by the special conditions of the case. A year or two is necessary.

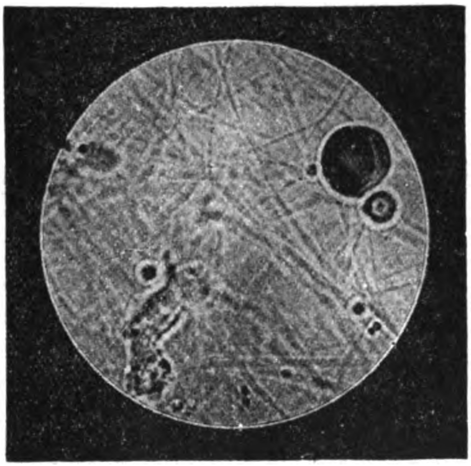

Fig 3.—Microphotograph ($^1/_{50}$ Inch Objective of Tolles): Fibrin Filaments in Excess as Found in Tuberculous, Fibræmic, and Rheumatic Blood. (E. Cutter, 1876.)

(f) *Blood Hindered by Girts and Strains of Clothing should be Treated with Loose Garments.*—Tumors that press should be removed by the metabolism of simple, but ample, feeding or by surgery or by galvanism.

(g) *The paralyses by alimentary gases in excess, and long continued,* may be treated by foods that diminish the abnormal caliber of said canal, thus restoring the normal proportion of quantity of digestive juices, gauged to the normal size of the canal. Guts twice as big as they should be must suffer a dilution of juices in digestion about one-half. Is it any wonder that in such cases foods ferment?

(h) *Blood Hindered by Valvular Stenosis.*—Case V was such. *Natura naturans* all the time trying to cure, aided by good physics and good food, cured the mitral stenosis, and the murmurs went.

(i) *Fibrinous Concretions.*—Case I was such, and was treated with broiled lean beef, physics, medicine, and plenty of water.

(j) *Heart Resisted by Too Long Continued Standing Pose.*—Change the pose.

VI. PERICARDIAL AND PLEURITIC ADHESIONS.

Pericardial adhesions as well as pleuritic are removed by *natura naturans* by normal metabolism secured by proper feeding with food that is easiest assimilated and furnishes the most force, or dynamis. Save the hair, teeth, and nails, the whole body systemic is renewed each seven months (Playfair). From experience with fibroid pleuritic adhesions the writer indorses this, except that it takes much longer time. The same is true of endocarditic fibrinous deposits.

VII. PHYSICAL IMPROVEMENT OF THE HEART SUBSTANCE.

It is, of course, impossible to prove that a fatty heart has been cured by actual objective inspection in the living. To show the cardiac muscular fibers pale and filled with granules and little drops of oil under the microscope would involve the death of the patient that would compel a trial for murder. Nor can we, as veterinarians do, kill our patient to see if the diagnosis is correct. So we depend upon the clinical evidence proving the heart's sounds to be clear, near, and normal; also by areas of impulse, of dullness on percussion, and of auscultation being normal; by the absence of palpitations, weak pulse, and angina; and by the patient acting and feeling well. These have been secured by the means alluded to in cases that had exhibited the signs of a fatty and enlarged heart.

VIII. GALVANISM.

Galvanism is a form of physics that acts on the heart. In one case where the galvanic current ran through a large fibroid by means of two large insulated steel electrodes traversing the abdominal wall, the pulse was 80 before the current moved. Immediately after the current started the pulse was 90; when the current was cut off, the pulse fell at once to 80. This was repeated several times. Dr. H. M. Field, Professor of Materia Medica in Dartmouth, was a witness; he said there was no other physic that would do this. His words are weighty. Dr. A. G. Garratt's case of resuscitation by galvanism from drowning is pertinent. His needles touched the heart. The man was variously estimated to have been under water for from one-fourth to one hour.[1]

IX. MUSIC IS A FORM OF PHYSICS FOR STRENGTHENING THE HEART.

Dr. Dogiel, of Kazan, showed that music at once increases the force of the heartbeat, and that when the music ceases immediately the cardiac force falls to where it was before the music began. The sphygmographic tracings before the music began were of the size of the small stroke of the letter V. With music, the tracings were immediately like the large stroke of the V. Of course, the heart being strengthened by music caused the heavy strokes. Heart clinicians would do well to try soothing music or whistling, even as Dr. Dogiel did. Drum music may not be considered soothing or heart strengthening, but Rev. Peter Kimball, of Perth Amboy, N. J., said not long before his death, at the age of 99, that at the age of 86 he had an enlarged heart, and that drumming on his war drum would quiet its palpitations. He served as drummer in the war of 1812, and before it as fifer in the militia. I should like to see drumming tried as heart medicine, or whistling or violin or song music; but save us from a graphophone so hideous as to sicken a well person! Music has been put in the materia medica.[1] Music is also classed as a food of the Fourth Kingdom; to wit, the Spiritual. It confers force to muscles, equalizes nerve circulations, and increases the excretion of carbonic acid. Perhaps it may seem far fetched to include music among the physics, but how could there be music of the ear without the physical vibrations of the air?

Flat-iron Building,
August 15, 1904.

Dr. Frank Gray.—Dr. Frank Gray, of Fort Worth, Texas, has been elected Dean of the Medical Department of the Fort Worth University in place of Dr. Bacon Saunders, who resigned after filling that post for ten years.

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[1] Potter's "Materia Medica, Pharmacy, and Therapeutics," quoted, p. 22, lines 14 and 15. "Physician's Visiting List," 1904, P. Blakiston's Son & Co., Philadelphia.

[1] Surely the drum in battle is a heart strengthener.

THE ADVANTAGES OF SPRING NUMBER ONE OF BUFFALO LITHIA WATER.

By John V. Shoemaker, M.D., LL.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

The springs from which Buffalo Lithia water is obtained are situated in Mecklenburg County, Virginia. That designated as number one was the first discovered, and its virtues have been recognized for more than a century. The water of spring number one contains, according to chemical analysis, the sulphates of magnesium, aluminum, potassium, and calcium; the bicarbonates of calcium, lithium, and iron; the chlorides of sodium and silicon; phosphoric acid, iodine, and a small quantity of organic matter, with hydrogen sulphide and carbonic acid gas. The composition of a mineral water, however, does not fully explain its efficacy.. This is a generally admitted fact. It is, furthermore, a long-established belief that mineral waters are more beneficial when taken at their source, —the spring. These observations of experience may receive a scientific explanation in the discovery of some unknown phenomena of activity which may account for a therapeutic effect out of all proportion to their constituents as computed by chemical analysis.

This water stimulates the appetite and promotes secretion. It allays catarrhal inflammation of the gastro-intestinal mucous membrane, counteracts faulty conditions of the liver, and augments the eliminative activity of the kidneys. Competent digestive capacity generates healthy blood with a normal proportion of red corpuscles and hæmoglobin. Such blood contributes to the health of all the organs and tissues, including the nervous system. It follows, consequently, that a natural spring water possessed of such valuable properties has a wide sphere of usefulness. It has, indeed, a double influence. Used as an ordinary beverage, or table water, it protects the system against the inroads of disease and the insidious beginnings which are at first scarcely noticed, but which lay the foundation of so many chronic disorders. The freedom of the water from pathogenic germs is also a strong point in its favor. This water is readily absorbed and enters at once into the stream of the blood, the alkalinity of which it conserves and in which it promotes the transformation of uric acid into soluble substances which can be easily eliminated.

Taken as a remedy in cases of actual disease, its applications are extremely extensive. Its field of service may be broadly divided into four parts: (1) diseases of the alimentary canal and the associated organs; (2) diseases of the eliminative system; (3) impoverished and toxic conditions of the blood; (4) disorders of the nervous system. Under these heads I shall survey the action of Buffalo Lithia water of spring number one. It will be inferred from the preceding summary of its physiological action that this fluid is particularly fitted for the treatment of pale and nervous individuals.

The physiology and pathology of digestion are complicated subjects. Imperfect digestion of food throws into the circulation toxic products which affect injuriously the composition of the blood, impair nutrition, and give rise to inflammation in various organs. On the other hand, constitutional diseases often excite gastric or gastro-intestinal catarrh. Duodenal inflammation, by continuity of tissue, invades the bile-ducts. In that troublesome form of chronic indigestion often described under the name of nervous dyspepsia physical and mental symptoms are sometimes so blended that it is difficult to determine which is cause and which is effect. It is especially in this form of indigestion that the water of spring number one exerts a markedly beneficial influence. It improves the condition of the mucous membrane, strengthens the nervous tone of the stomach, allays nervousness, and relieves depression of spirits. Extreme cases of nervous dyspepsia may be associated with neurasthenia, hysteria, or hypochondria. Several instances of indigestion in which the use of Buffalo Lithia water of spring number one was a conspicuous feature of the treatment may be here cited as illustrations.

CASE I.—NERVOUS DYSPEPSIA.

A man, 37 years of age, extremely neurotic, who had had on various occasions decided indications of impairment of nervous functions, consulted me on account of irritable stomach. For two weeks he had vomited immediately almost everything that he ate. During the same period his bowels had been loose and watery. His appetite was entirely lost, and he suffered from sharp, spasmodic pain in the abdomen. There was marked flatulence and loud eructations. Nevertheless, his tongue had remained clean.

The use of Buffalo Lithia water from spring number one had an exceedingly beneficial action in this case. The patient was directed to drink freely of the water before and between meals. The effect soon became apparent. The irritable condition of the stomach was relieved, vomiting ceased, the discharges from the bowels were less frequent and assumed a normal consistency. At the end of six days the appetite began to return, and his food was digested without trouble. From this time onward there was no recurrence of the symptoms. He had experienced such good results from taking the water that he continued it as a beverage. He was very positive in his statement of the value of the water. He said that it made him feel stronger.

CASE II.—NERVOUS DYSPEPSIA.

A young woman, 18 years of age, had been suffering from nausea and abdominal pain. There had been no vomiting, and the tongue was clean. She also experienced pain in the left side and back. Physical examination showed that the heart and lungs were in a normal condition. There was no uterine or ovarian difficulty. The pain was of reflex character. From its occurrence in the side the girl had feared that she was attacked by consumption. The appetite was capricious. Among other measures adopted for the relief of this patient was the water which is the subject of this paper. At first it was given, as in the preceding case, before and between meals. She consumed a quart a day. Its efficacy was demonstrated to the complete satisfaction of the patient. Her condition began to ameliorate and her appetite became more vigorous. The pains ceased and she gained decidedly in strength. At the end of a month she reported herself as feeling better, brighter, and stronger than she had been for a year. She was still drinking the water as an ordinary beverage.

CASE III.—NERVOUS DYSPEPSIA.

A man, 30 years of age, was a typical instance of the hypochondriacal manifestations which are not infrequently associated with nervous dyspepsia. The symptoms referable to the digestive apparatus were: pain in the gastric region with sensitiveness to pressure; frequent nausea with only occasional vomiting; flatulence and eructation. The chief features of the case, however, related to the nervous system. The man was naturally of neurotic temperament. For a year past he had been distressed by a train of symptoms which annoyed and at times alarmed him; numbness or prickling sensations in various parts of the body but more especially upon the integument of the abdomen; headache; lack of attention and memory; occasional attacks of vertigo; a feeling of tension and throbbing in the head. He was also the victim of insomnia. With all this dismal array of symptoms, however, the appetite remained fairly good and the man lost no flesh.

Cases of this kind require delicate management. We must think not only of the digestive apparatus, but also of the nervous system and the mind. This unfortunate man had been a sort of pest to physicians. He was constantly detailing the story of his woes and wished to discuss every sensation at length. Moral and mental treatment was demanded quite as much as the administration of drugs. Into that branch of the subject I need not enter in this paper. Suffice it to say that an influence was established over him and his whims were disregarded. Among other measures which were taken for his relief was the prescription of spring number one in liberal quantities. It proved of decided advantage, and its worth was recognized by the patient. He improved very much; his morbid fancies vanished; he gained in strength and power of application. He returned to his work, which had been long neglected, and was again a useful member of society. A large share in the production of this happy change was ascribed to the influence of the lithia water.

CASE IV.—NEURASTHENIA.

A man, 28 years of age, was of extremely nervous organization. He threw himself heart and soul into any undertaking which he attempted. Finally, after a period of more than usual labor and strain of anxiety he broke down completely, lost his strength and nerve, passed sleepless nights, had pain in the back and limbs. There came a morning when he found himself unable to rise from bed. He had no power to support himself upon his legs. The thought of paralysis crossed his mind and I was sent for in haste. I found no evidence of meningeal or spinal lesion. The man had simply exhausted his spinal energy. He had been an excessive smoker. His tongue was clean, but he had no appetite.

Fortunate is the physician who follows the hints of Nature. Here was no physical lesion capable of causing paralysis, but nerve force had been wasted. For the time he was compelled absolutely to keep his bed and when he felt some return of strength he was ordered to remain there until permitted to rise. This man, unlike many others of his class, was an obedient patient. Among the remedies employed in his treatment was Buffalo Lithia water of spring number one. Under the influence of physical repose and a natural mineral water, with abstinence from tobacco, the patient began to improve. The spring water had an excellent tonic effect. It aroused an appetite. The man was able to partake of simple, digestible, and nutritious food. At the end of four days he was sensible of returning power in his limbs. The pain in the back disappeared. After a week's stay in bed he was allowed to arise. A day or two later, the weather being fine, he was able to walk a little in the open air. Thenceforward his recovery was rapid. He returned to his employment and was seen no more. He had on several previous occasions been under my care on account of symptoms indicative of an unstable nervous organization.

CASE V.—NEURASTHENIA.

A woman, 45 years of age, a housekeeper and poor, was obliged to work hard from early morning till late at night in order to make both ends meet. She was pale and thin. She had not much appetite, and her tasks were far beyond her strength. The consequence of this mode of life was that she suffered from pain in the back and side, headache, aching limbs, occasional attacks of vertigo, and depression of spirits. She was frequently distressed by palpitation of the heart and had habitually cold extremities.

This case was unpromising enough in itself, but, occurring in a person of very straightened means, the prognosis became additionally gloomy. However, it was necessary to do everything possible for the poor woman. She was given directions regarding diet, which in all probability she was unable to carry out, and a supply of Buffalo Lithia water of spring number one. She was exactly the kind of woman to be benefited by this water,—pale, nervous, and without appetite. On the other hand, she perfectly exemplified the difficulty which physicians frequently encounter in the pursuit of their calling. Toil and destitution counteract the effect of the best devised therapeutic measures. In this case the water did undoubtedly produce improvement. Some appetite began to awaken, the women felt stronger, she slept a little better, and felt somewhat encouraged; at all events, there was less melancholy. At this juncture some friend of better days fortunately came to her relief. Means were found for lessening the burden which pressed so heavily upon her, and from this time onward progress was more marked. Under happier auspices the remedial measures exerted a more appreciable influence, and the water was given a fair opportunity to display its special reconstituent action upon the nervous centers. There could be no doubt that the recovery of this patient was to be ascribed largely to the Buffalo Lithia water. She had been directed to use it as a customary beverage and in large quantities. At the present time, although meager,—she will always be of the "lean kine," I fancy,—she has a color in her cheeks and lips, can eat well, digest well, and sleep well. Her work has been lessened and does not press so heavily upon her, and, in fact, the patient regards herself as in excellent condition. Compared with her state of three months ago, she certainly seems regenerated and rejuvenated.

Cases VI, VII, and VIII.

A few other cases of neurasthenia may, in this connection, be briefly described in which the free administration of the water of spring number one was followed by admirable results.

A man, 30 years of age, of rather slender build, was very nervous and melancholy. His appetite was fairly good, but his bowels were constipated and he suffered from some symptoms of indigestion. He had a functional mitral murmur. He very seldom drank liquor, but was a moderate smoker. He was formerly a masturbator, and now has occasional seminal emissions. His tongue was large and flabby. For a number of years he was under severe financial strain. This, together with self-abuse and gastro-intestinal catarrh, has brought about a neurasthenic condition. At times he was so oppressed with morbid fears that he would not leave the house for days. He lost his situation and has done nothing for three months.

A man, aged 26 years, had been ailing for eighteen months and for one year had suffered from nervousness. He had lost appetite, and indigestion was marked. His pulse was soft and weak. He was anæmic. The conjunctivæ, lips, and gums were pale. His heart was weak and irritable. He often had tremors. He was unable to sit still long; he would change his position or get up and walk. He was constantly restless. He was habitually constipated. The patient had formerly been in the habit of smoking a pack of cigarettes a day and sometimes cigars. He never used the pipe.

This was a case of nervous dyspepsia followed by secondary anæmia and neurasthenia. The whole train of sequence had probably been inaugurated by the smoking of cigarettes.

A man, aged 48 years, complained of headache, constipation, and abdominal pain. His appetite was variable, he had the symptoms of gastro-intestinal catarrh, and had been in bad health for more than a year. He was somewhat emaciated and looked frail. His heart was rapid in its action, but was not the seat of organic disease. The liver and kidneys were normal. His occupation had been sedentary and he had not had a sufficient supply of oxygen to maintain a healthy condition of the system. Hence the development of digestive trouble and neurasthenia.

In these three cases which I have here grouped evident improvement depended upon the free use of the spring water. The appetite was sharpened and the indigestion was relieved. Constipation was overcome, pallor disappeared, and strength returned.

CASE IX.—ANÆMIA.

A man, 28 years of age, became anæmic in consequence of profuse diarrhœa. The number of red cells was decidedly below the healthy standard. The skin and mucous membranes were pallid. The man had lost strength, the heart and pulse were rapid and irritable, he was short of breath, had dyspeptic symptoms, suffered from headache, did not sleep well, and there was œdema of the feet.

This case afforded an excellent illustration of the efficacy of Buffalo Lithia water of spring number one. It was given in large quantities before and between meals. Its beneficial action soon became apparent. First, the appetite awakened. The patient became able to consume food with pleasure, and the digestive power also exhibited corresponding improvement. The bowels became regular; color returned to the cheeks and lips. The general strength increased and the patient resumed his work. When discharged the blood examination showed a normal number of red corpuscles and proportion of hæmoglobin. In this connection it is interesting to note that the same water is of value in the treatment of chronic diarrhœa by virtue of its healing effect upon the mucous membrane of the alimentary canal.

CASE X.—ANÆMIA.

A man, 42 years of age, suffered great distress after meals. He was obliged to live on liquid food. There was constipation, with extreme flatulence, and tenderness of the abdomen. He had never used liquor, but had been in the habit of smoking to excess and drinking freely of coffee. These excesses had engendered gastro-intestinal catarrh, with anæmia as a consequence. The water of spring number one had a markedly satisfactory influence in alleviating the dyspeptic manifestations. The man became able to partake of ordinary food. He gained in strength, flesh, and color. He had been dejected, but his spirits now revived and he began to take a cheerful interest in life.

CASE XI.—ANÆMIA.

A man, 40 years of age, was pale, emaciated, had lost strength, suffered from indigestion, shortness of breath, palpitation of the heart, vertigo, and insomnia. His feet were œdematous. Examination of the blood showed a reduction in the proportion of red cells and hæmoglobin. In this case the virtue of the water was conspicuously displayed. The patient was soon able to take more sustenance, gained in strength, was relieved of the symptoms of indigestion, could sleep at night, and was free from vertigo and palpitation. He remained under observation for five weeks. At the expiration of that period the blood-count was normal.

CASE XII.—TEDIOUS CONVALESCENCE AND FEVERS.

The water of spring number one is a very serviceable remedy in another class of cases which are every day encountered. An excellent example of tedious convalescence treated largely by its means was that of a woman, 62 years of age, who experienced a severe attack of acute bronchitis. There had been considerable fever and a harassing cough. Never a good eater, the patient had, for several days, taken scarcely any nourishment. Moreover, there had been much nausea and vomiting. After the fever had subsided and the cough lessened there was extreme prostration. On three occasions faints followed slight exertion. The physical signs did not point to tuberculosis, nor were any bacilli found in the sputum. Still, the debility persisted and became the chief feature of the case. The kidneys were somewhat sluggish, but the urine contained neither albumin nor casts. Buffalo Lithia water of spring number one was now prescribed and a gratifying change was soon apparent. The renal function became more active. Coincidently the appetite increased. The patient was able to take nourishment and seemed actually to enjoy her food more than before her illness. After a few days she expressed a desire to sit up in bed. She had previously been unable to lift her head from the pillow, although naturally an energetic and industrious woman. From this period everything went well. In a few more days she was strong enough to sit up for a while out of bed. Every day she grew stronger and was soon able to leave her room. As she expressed it, she began to get stronger from the time she commenced to take the lithia water. She was so pleased with its good qualities that she voluntarily continued its use as a table water after she went downstairs and resumed her usual household duties.

This natural spring water is useful in many forms of protracted continued fever, such as typhoid, and has likewise been given with advantage in malarial conditions. It allays the thirst, washes out the bowels, stimulates the kidneys, assists in maintaining the fluidity of the blood, dilutes toxic products, and lends support to the softened and enfeebled heart. It is of particular benefit in scarlatina on account of the renal complication to which that disease is so liable. I have previously reported a number of cases of typhoid fever out of the many in which I have used Buffalo Lithia water, spring number one, with satisfaction. It is of service during the febrile stage for the reasons just referred to, and after recovery from the disease it assists the course of convalescence as in the case which I have described.

Case XIII.—Rheumatism.

Buffalo Lithia water, spring number one, has a wide range of utility in rheumatism and those varied pathological conditions which depend upon rheumatism. In acute attacks attended by fever it is of value, but it is likewise efficacious in those subacute and chronic forms to which rheumatic individuals are so subject. Rheumatic neuralgia is also assuaged by the same means.

A case which offers a typical illustration of the troubles of a rheumatic is that of a young woman, 27 years of age, who is often tormented by various manifestations of the disease. She suffers from time to time with pain and stiffness in various articulations. She is also prone to attacks of neuralgia. She has had several attacks of rheumatic sore throat. Her digestion is weak and she is anæmic. The water of spring number one is peculiarly appropriate to the treatment of rheumatism combined with anæmia. It was accordingly ordered for this young lady and proved of decided benefit. She drank considerable quantities of it during the day and was relieved of her numerous aches. She gained strength under the use of spring number one, and was fully convinced of its virtues.

Case XIV.—Rheumatism.

Another case was similar to that just cited. A young lady, 24 years of age, belonging to a family in which rheumatism was very prevalent, was frequently afflicted with subacute symptoms of the disease. She was quite anæmic. The administration of the water, spring number one, benefited both the anæmia and the rheumatism. She gained an appetite and was relieved of pain. Recently she was confined to the bed by rheumatic fever. There was not much swelling of the joints, but they were painful, there was sore throat, the temperature ranged from 100° to 102° F., and there were acid sweats. In the course of this illness Buffalo Lithia water of spring number one was of service by stimulating the kidneys and diminishing the quantity of uric acid. The patient has continued to use the water, spring number one, as an ordinary beverage and has had no recurrence of rheumatic pains.

CASE XV.—ALBUMINURIA.

A woman, 42 years of age, of strongly nervous organization, was a frequent sufferer from many digestive and nervous disturbances. She had headache, sick stomach, flatulence, abnormal sensations in the extremities, and insomnia. There was no œdema, but the examination of the urine revealed the presence of a small quantity of albumin. There were no casts. The secretion of the kidneys was rather scant. The water of spring number one was advantageous in this case by promoting secretion and modifying the character of the urine. The stomach became much less irritable and the headache less pronounced. The proportion of albumin lessened and at present but a trace is detected.

CASE XVI.—ŒDEMA.

An old lady, 64 years of age, who had long been a sufferer from rheumatism in various forms and of various grades of severity, observed that her feet and ankles were swollen. She supposed that the tumefaction was rheumatic, but upon examination it was found to be œdematous. The dropsy extended as high as the knees. The feet were painful and the patient was weak. There was a small quantity of albumin in the urine. There was no valvular disease, but the heart was weak and intermittent. The association of the water of spring number one with the other measures employed was of valuable service. The amount of urine increased, while the albumin diminished. The pain lessened, the œdema decreased, and the patient improved in strength.

OTHER USES.

By reason of its efficacy in eliminating uric acid Buffalo Lithia water of spring number one is a valuable prophylactic against the occurrence of calculus. It alleviates the pain and the inflammation excited by the presence of a stone in the kidney or bladder. I have known it to produce a marked reduction of the pain of nephritic colic and gall-stone. By its beneficial influence upon the mucous membrane it relieves jaundice. It furthermore exerts an influence upon the genito-urinary system. It promotes the return of the menses in amenorrhœa. It is of service in the dysmenorrhœa of young women of neurotic type and in whom there is no organic uterine disease. In one case of the kind a young unmarried woman lived in dread from month to month. She suffered extremely during her period. She obtained remarkable relief by the use of this water. The wide range of application of Buffalo Lithia water from spring number one may be briefly summed up by its favorable influence upon the alimentary apparatus, nervous system, blood, and eliminative organs. It tends to preserve or restore health.

Abstracts.

Suppurative Cerebral Meningitis Complicated with Facial Erysipelas in a Syphilitic.

At a meeting of the Medical Society of the Hospitals MM. Curtois-Suffit and Beaufumé reported the case of a young man who first exhibited mental symptoms and after a week of very violent excitement and delirium was placed in the hospital fifteen days subsequent to the beginning of the illness. On account of the existence upon the skin of numerous secondary syphilitic lesions and of multiple adenopathies the meningo-encephalic symptoms were attributed to syphilis. A lumbar puncture made on the day following his entrance to the hospital seemed to confirm the diagnosis, for it showed a very abundant and absolutely pure lymphocytosis of the encephalo-rachidian fluid. Three days later death occurred in coma, precipitated by an erysipelas of the face appearing the evening before the fatal event. At the autopsy there was found a suppurative meningitis exclusively cerebral, with absolute integrity of the spinal meninges and cord.

How should this lymphocytosis of the encephalo-rachidian fluid coincident with a suppurative cerebral meningitis be explained? In the first place it is very probable that the encephalo-rachidian fluid of the subarachnoid spaces of the cranium did not communicate with that of the spine, perhaps in consequence of adhesions, an anomaly already pointed out by MM. Achard and Laubry, Laignel-Lavastine, and Mihan, in cases of suppurative meningitis or meningeal hæmorrhages of the skull. Finally, it is logical to connect the spinal lymphocytosis with the presence of persistent secondary syphilides which were present, spinal lymphocytosis being very frequent in such cases, as M. Ravaut has shown. In short, the clinical study of this patient led to an erroneous diagnosis and the results of the lumbar puncture, badly interpreted, in view of the complexity of the morbid manifestations, seemed to confirm the error. Furthermore, it will be necessary in the future to think sometimes of the possibility that the symptoms due to encephalic and spinal meninges are not of identical nature. On the other hand, it is interesting to observe a suppurative streptococcous meningitis complicated with facial erysipelas.—La Tribune Médicale.

Polyneuritis of Alimentary Origin.

At a meeting of the Medical Society of the Hospitals MM. Gilbert Ballet and F. Rose presented a patient attacked by sensory-motor polyneuritis after the ingestion of horse-radish. It is probably rather to the microbes and contaminations that adhere to the articles than to the horse-radishes themselves that the digestive disturbances and consecutive nervous troubles should be attributed. M. Legendre expressed his surprise that M. Rose should so easily accept such an etiology in the presence of so severe nervous manifestations, but M. Rose replied that it was impossible to find any other cause. We might also, with M. Legendre, refer it, if not to the root alone, to the digestive derangement produced by its ingestion.—La Tribune Médicale.

Hæmorrhagic Inflammation of the Suprarenal Glands in the Course of Broncho-pneumonia.

At a meeting of the Medical Society of the Hospitals M. Sicard reported a case of hæmorrhage of the suprarenal capsules occurring in the course of a broncho-pneumonia excited by the bacillus of Friedlaender. During the life of the patient certain clinical symptoms (vomiting, diarrhœa, lowered arterial tension, and weakness) permitted the diagnosis of hæmorrhagic inflammation of the suprarenal glands, confirmed by the autopsy. The bacillus of Friedlaender had been found prior to death in the blood of the general circulation.

Experimentation here comes to the support of clinical observation, as toxi-infection by this bacillus produces hæmorrhages of the suprarenal capsules in the rabbit and guinea-pig.—La Tribune Médicale.

Remote Consequences of Thyrotomy in Laryngeal Tuberculosis.

At a meeting of the Belgian Society of Otology, Laryngology, and Rhinology, M. Goris, of Brussels, presented a patient whom he had cured several years ago of beginning laryngeal tuberculosis by means of thyrotomy. The result has been excellent and recovery has remained complete. In other and more advanced cases where the author had employed the same method the results had been unsatisfactory. He is therefore of the opinion that thyrotomy is beneficial in this disease in proportion as it is performed in the early stage and before the general system is compromised. He would absolutely abstain from the operation in advanced cases.—Revue Hebdomadaire de Laryngologie, etc.

Acute Articular Rheumatism Complicated with Acute Suppurative Otitis Media.

Dr. Galzin, médecin-major of the second class, writes that suppurative otitis is a very rare complication of acute articular rheumatism. The case which he reports is that of a subaltern officer of 22 years, who entered the hospital on account of a severe attack of acute articular rheumatism complicated with endocarditis and pulmonary congestion. From the day of his entrance into the hospital he began to have a slight deafness and hissing sounds in the left ear without any pain. These troubles remained stationary; but a month later, when the patient entered the convalescent stage, the ear became painful. On the next day the pain was very severe, spontaneous perforation occurred, and a purulent discharge made its appearance. This discharge lasted about a month. Recovery was complete.—Journal de Laryngologie, etc.

Abortion Produced on Account of Serious Ocular Lesion.

L. Delzoppo and T. Soli record the case of a woman who had already lost her right eye during her second pregnancy from disseminated choroiditis and detachment of the retina. In her fifth pregnancy the left eye was also attacked. The disease of the eye was characterized by numerous foci of choroiditis, exudation into the vitreous, etc. Proving rebellious to all local and general treatment and threatening to destroy the remaining vision, it was decided to produce an abortion. The case progressed favorably and in consequence the affection of the eye was remarkably ameliorated.—Recueil d'Ophtalmologie.

A New Ocular Symptom of Diffuse Scleroderma.

S. Logetchnikov describes the case of a girl, 17 years of age, attacked by generalized scleroderma, in whom there was considerable narrowing of the palpebral fissure. The mobility of the lids was very much lessened, and it was scarcely possible by the aid of the fingers to obtain occlusion of the lids. There was also very marked bilateral and symmetrical immobility of the eyes. There was no diplopia; the pupils and reflexes were normal. The condition was not due to paralysis of the motor nerves of the eye, but to a degenerative change in the muscles. Under the influence of general massage and hot baths the condition of the patient improved and all the ocular symptoms disappeared. The author saw the girl a year after she left the hospital. Recovery was complete.—Recueil d'Ophtalmologie.

Paræsthesia of the Larynx.

At a meeting of the Danish Society of Oto-laryngology M. Klein reported three cases of paræsthesia of the larynx.

1. A young man was troubled by dryness of the back of the throat, which felt, as he expressed it, as if a crust of bread were lodged in that position. He had no difficulty in eating. He was about to perform his military service and was in good condition. His lungs were sound. In the pharynx was a small granulation which seemed to have no relation to the paræsthesia. The trouble continued for two years, at the end of which his voice became hoarse. The apices were by this time undeniably involved and the vocal cords ulcerated. The laryngeal ulcers were treated and cured by dressings of sulphoricinated phenol.

2. A teacher, woman, 32 years of age, had complained for six months of a nervous cough and a sensation of constriction in the throat. There was no difficulty during sleep and at meals. There was no lesion in the nose or naso-pharynx. There were some small granulations which caused no cough when touched. Koch's bacilli were found in the sputum. The patient entered a sanitarium and recovered after

a six months' stay. There was no abnormality of the larynx.

3. A widow, 48 years of age, with pricking sensations in the larynx. She feared that she had a cancer of the throat. All these feelings disappeared when she ate. No lesions were found and tonics were prescribed. She was at the menopause. Paræsthesia of the throat ought perhaps to receive rather more attention than it does at present. It is often a precursor of pulmonary tuberculosis.

M. Groenbech remarked that he had sometimes seen both troubles coexist, but was unable to decide upon their relations to each other; when the larynx was attacked by tuberculosis he had observed pricking and other paræsthetic phenomena vanish in consequence of treatment of the pharyngeal wall.

M. Schmiegelow said that it was always difficult to discover the exact cause of the paræsthesia. Sometimes it was due to lateral pharyngitis, hidden behind the posterior pillars.—Revue Hebdomadaire de Laryngologie, etc.

Hereditary Syphilis and Consecutive Deaf-mutism.

M. Maurice Denis describes the case of a girl who had presented, at her entrance to the hospital, a very red pharyngeal mucous membrane with enormous tonsils covered by pultaceous matter; the uvula had been destroyed by an ulcer of the velum, and there was a large swelling consisting of inflamed submaxillary glands. Moreover, the child was deaf and dumb.

For more than three years she had exhibited signs of obstruction of the naso-pharynx. Upon three different occasions she had been operated upon for supposed adenoid vegetation, but without result. During that time syphilis had caused irreparable damage, giving rise to deafness and extensive disease of the naso-pharynx. The presence of syphilis was attested by the aspect of the lesions and the efficacy of intensive specific treatment, which promoted healing of the nose and throat. Unfortunately, it was too late for any hope of lessening the deaf-mutism.—Revue Hebdomadaire de Laryngologie, etc.

Gonorrhœal Polyneuritis.

At a meeting of the Medical Society of the Hospitals M. Ménétrier spoke of the case of a man, 46 years of age, who had had several severe attacks of gonorrhœa, the last of which was complicated by paralytic manifestations with amyotrophy. After death, which was due to broncho-pneumonia, the following lesions were revealed by the autopsy: Congestion of the pia mater; by means of Weigert's method there was found in the peripheral nerves an alteration of all the fibers, characterized by a fragmentation of the myelin, preservation of the axis-cylinders, which, nevertheless, exhibited swellings; the presence of empty sheaths without proliferation of nuclei and without interstitial lesion: in the nerves of plexuses rarer lesions with myelinic fragmentation; in the roots few fibers were attacked; in the spinal cord were chromatolytic lesions of the multipolar cells of the anterior cornua, especially marked in the lumbar and cervical regions. There was, in short, peripheral neuritis with secondary lesions of the cord. —Le Progrès Médical.

Appendicitis in the Chimpanzee.

M. Weinberg publishes in the Annals of the Pasteur Institute the case of a chimpanzee who died at the institute of acute hæmorrhagic appendicitis complicated with some lesions of the small intestine. The animal, from the time of its entering the institute, had been kept in a disinfected cage, and been fed exclusively upon milk, boiled rice, and cooked fruits. There were numerous lumbrici in the bowel and it is to their presence that M. Weinberg attributes the cause of the appendicitis.—Le Progrès Médical.

Ocular Complications of Scurvy.

Schumann writes that the effects of scurvy upon the organ of vision are of rare occurrence, and for that reason are well worthy of receiving attention. According to Fialkowsky, they are present only in the proportion of $3^1/_2$ per cent. They most often consist of hæmorrhages beneath the bulbar conjunctiva. Sometimes there are palpebral ecchymoses which are very slowly absorbed. More rarely there is diffuse parenchymatous keratitis. Exceptionally ulceration of the cornea is observed and is capable of terminating in necrosis or panophthalmia. As altogether abnormal complications the author mentions hæmorrhages into the retina, into the vitreous body and anterior chamber, sometimes even into the papilla, and finally hemeralopia.

In a case of Schumann's, very interesting from its rarity, there was paralysis of the muscles of the eye with the peculiarity of being unilateral and of partially disappearing at certain moments. The author, moreover, seems absolutely disposed to attribute the cause of these accidents to hæmorrhages into the fundus of the orbit in the vicinity of the insertion of the muscles, compressing the nervous branches and afferents.—Recueil d'Ophtalmologie.

Therapeutic Notes.

The Local Use of Quinine in Hay Fever.

Dr. Henry D. Fulton, of Pittsburgh, Pa., says, in the Journal of the American Medical Association:—

"A method of using quinine locally in typical cases of hay fever has proved remarkably successful in my hands. The treatment consists of the employment of a saturated solution of the quinine sulphate, in sterilized water, as a nasal spray, and the application to the mucous membrane of the nares of an ointment consisting of quinine and vaselin in the proportion of 30 grains to the ounce, the applications being made every four or six hours. The use of the spray alone will not suffice, but should be used as an adjunct to the ointment. Spraying the nares will at once stop all symptoms of coryza, but the effect will soon disappear unless followed by the thorough application of the ointment."

Flushing the Sewers.

Dr. Byron Robinson says:—

"A very efficient and useful drainage treatment of gynæcological patients consists in drinking from 5 to 15 drops of an alkali mixture, made with 1 ounce of Socotrine aloes, 2 ounces each of fluid extract of cascara sagrada and potassium bicarbonate, 3 ounces each of sodium bicarbonate and magnesium sulphate, 4 ounces of glycerin, and water up to 1 pint. The dose of this mixture, given in a glassful of half normal salt solution every two hours (six times daily) for some months, establishes regular daily free evacuation of the tractus intestinalis, and increases the amount of urine and sweat. This treatment drains waste-laden materials from the body, stimulates the appetite, flushes the tissues, and invigorates the circulation."—Central States Medical Magazine.

Practical Method of Destroying Snake-venom.

L. Rogers describes a practical method of treating any kind of snake poison, which promises to be of great value in all cases seen early. It is so simple that any intelligent person can carry it out. The use of permanganate of potassium, as shown by Blyth, is the best-known substance as a practical antidote for snakebite. The fact that the results have not always been satisfactory is probably due to improper administration. Brunton and Fayrer have recently suggested a more radical method of using permanganate. They advise ligation above the inoculation, then incision of the wound, followed by rubbing in of the pure crystals of the salt. It is positively established that the salt will destroy *in vitro* nearly its own weight in every class of snake-venom. It is possible that the free pouring out of lymph in the neighborhood of the wound will sufficiently retard the absorption of the venom so that a half hour or more may elapse between the infliction of the bite and the rubbing in of the permanganate. At the suggestion of Sir Lauder Brunton a lance has been made, surrounded by a sheath, in the base of which permanganate crystals are kept, the whole outfit being easily carried in the vest pocket.—Journal of the American Medical Association.

Thyroid Extract in Eclampsia.

Sturmer reports forty-one cases of eclampsia treated with thyroid extract. Ten grains of the extract were given in each case on admission, and 5 grains every four hours afterward. Morphine and saline injections were used in most of the cases, and were followed by a prompt evacuation of the uterus. He claims that under the thyroid extract there is a marked increase in the urine in the first twenty-four hours, while with saline injection and morphine alone there is commonly little increase in the urinary output in that length of time. In the discussion of the paper confidence was shown in the thyroid treatment.—Journal of the American Medical Association.

Sugar to Combat the Emaciation of Neuropaths.

Chauveau proclaims that sugar is the typical food, and Toulouse has been applying it to fatten emaciated patients at the insane asylum at Villejuif. The sugar was given in amounts of 50 to 500 grams a day, in addition to the ordinary diet. Patients thus treated gained a third of their weight in the course of a few months. The sugar seemed to exert the greatest influence in this respect when it was given with a milk diet. It was always well tolerated and never induced glycosuria unless the subjects were already diabetic. Generally from 1 to 3 ounces of sugar were given in the form of a syrup, after meals, and seemed always to be relished.—Journal of the American Medical Association.

Chronic Rhinitis.

In order to check the secretions in case of chronic rhinitis with excessive watery discharge, the following spray may be used:—

℞ Ol. caryophylli, ♏viij.
Terebeni, ♏xx.
Liq. petrolati, ℥j.

M. Sig.: Use as a spray three or four times a day.—St. Louis Clinique.

Painful Enlargements.

Dr. W. M. Hightower, of Grapevine, Ark., sends to the Medical Summary the following formula which he has used for many years with satisfaction for bunions, gouty enlargements, and inflammation of the joints:—

℞ Tannin, ʒj.
Tinct. iodine,
Fld. ext. of phytolacca,
Tinct. opii, of each, ʒij.
Chloroform, ʒj.

M. Sig.: Paint the inflamed and painful parts night and morning.

Turpentine in Carbolic Acid Poisoning.

According to a recent account, Mr. Allen, a veterinary surgeon of Dublin, has accidentally discovered that turpentine is an antidote to carbolic acid when ingested in poisonous doses. He was called upon to treat two horses which had been poisoned, and gave one of them a dose of what he thought was olive-oil, but which was really turpentine. The benefit was so great that he gave some to the second horse; both recovered rapidly, although the second horse was already unconscious when the dose was administered. Experiments upon man may likewise prove turpentine to be a valuable antidote.—St. Louis Medical Review.

Metrorrhagia from Fibroma.

For medicinal use Huchard recommends the following:—

℞ Ext. hydrastis Canadensis fl., ℥j.
Ergotin, ʒj.

M. Sig.: Twenty drops three or four times a day. Or:—

℞ Hydrastininæ hydrochloratis, gr. x.
Aquæ dest., ʒiiss.

M. Sig.: Inject one syringe (gr. j) two or three days in succession. Or:—

℞ Quinin. hydrobromatis, gr. ij.
Hydrastininæ hydrochloratis, gr. ss.
Ergotin, gr. j.

M. et ft. pil. no. j.
Sig.: Two such pills daily.

These pills can be prescribed for ten days. The ten following days recourse can be had to cannabis Indica or adrenalin. The latter has frequently succeeded—10 drops of the 1 to 1000 solution morning and evening. Sometimes accidents occur: sensation of anguish and cardiac arhythmia. The treatment should be carefully watched and suspended on the slightest unfavorable symptom.—Journal of the American Medical Association.

Turpentine in Inflammation of the Appendix.

Mayer, having used turpentine oil with much success in a case of empyema, and believing that it possesses an antiphlogistic and absorbing quality, has employed it in cases of inflammation of the appendix. He uses it in doses of several drops three or four times a day, given either in an emulsion with the yelk of eggs, or in mixtures with brandy, sugar, tincture of cinnamon, or other substances. It has certain disadvantages, particularly the production of strangury, or in cases of infiltration of the lung having a tendency to cause pulmonary hæmorrhage. Its advantages are that it diminishes the pain, causes the exudate to appear early, and probably stimulates the organism to remove the cause of irritation. —St. Louis Courier of Medicine.

Acute Otitis.

Solt, of Milan, recommends:—

℞ Ichthyol, gr. xv.
Glycerin,
Distilled water, of each, ʒij.

M. Instill into the ear, thrice daily, several drops of this mixture.—Le Progrès Médical.

Vomiting of Pregnancy.

Oehlschläger, of Danzig, has found that tincture of strychnine with sodium bicarbonate is almost a specific in the vomiting of pregnancy. He recommends the following recipe:—

℞ Sodium bicarbonate, 8.
Tincture of strychnine, 3.
Aquæ destillatæ, 150.
Syrup of cinnamon, 30.

M. Sig.: Tablespoonful every two or three hours.—Annals of Gynæcology and Pædiatry.

Treatment of Bleeding Piles with Injections of Calcium Chloride.

Boas reviews recent and ancient literature on the subject of the hæmostatic action of the calcium salts, which his experience has confirmed. For more than two years he has been treating bleeding piles with rectal injections of 20 grams of a 10 per cent. aqueous solution of calcium chloride, injected early in the morning after the bowels have been emptied. The fluid is retained. In very severe cases he repeats the injection again before retiring. The injections are painless and free from any irritating properties if the pure calcium chloride is obtained. He has thus cured 25 cases of rebellious hæmorrhoidal bleeding, and also a number of other cases of hæmorrhages in the rectum from cancer or other cause, and also one case of excessive menstrual hæmorrhage. He made the injection in this case a week before the molimen, and the loss of blood was thereafter much reduced. The hæmostatic action of the calcium chloride was pronounced in every instance in his experience, with but two exceptions. In one of the latter the desired effect was attained by supplementary internal administration of extract of hamamelis. The hæmorrhoidal nodules are not influenced by the injections, but the bleeding is arrested. In severe cases he advises continuance of the injections daily for four weeks, repeating them afterward two or three times a week, and returning to the daily injection at any reappearance of hæmorrhage. Half a dozen cases are described in detail.—Journal of the American Medical Association.

Cardiac Adynamia in Infectious Diseases of Children.

Nouveaux Remèdes recommends:—

℞ Spartein. sulphatis, gr. iss.
Aquæ dest., ʒviss.
Syrupi aurantii, ʒvss.

M. Sig.: For a child 3 years of age, 2 coffeespoonfuls daily; 5 years, 5 coffeespoonfuls; 10 years, 10 coffeespoonfuls.—Journal of the American Medical Association.

A Substitute for Rubber Gloves.

J. B. Murphy is now experimenting with a temporary covering for the hands while operating. He immerses his hands in a 4 to 8 per cent. solution of gutta percha in benzin. This leaves the hands covered by an impervious and sufficiently durable rubber coating. This film is very thin and does not interfere with the delicacy of touch. The false skin can readily be removed by washing the hands in benzin.—Buffalo Medical Journal.

Exophthalmic Goiter.

For the nervous, irritable, and sleepless condition the following is recommended:—

℞ Sodii bromidi,
Potass. bromidi,
Ammon. bromidi, of each, gr. ij.
Liq. potass. arsenitis, *m*ij.
Tincturæ nucis vom., *m*iv.
Aquæ camphoræ, q. s. ad ʒj.

M. Sig.: Give half an ounce of such a solution well diluted three to four times a day.

The following formula has also been recommended for exophthalmic goiter with irregular and rapid heart and nervousness:—

℞ Potass. bromidi, ʒij.
Infusi digitalis, q. s. ad ℥viij.

M. Sig.: Tablespoonful in water every six hours.—Journal of the American Medical Association.

Yeast Soaps.

Dreuw reiterates the advantages of a soap as a medium for medicinal treatment of cutaneous affections, and describes a number of combinations of yeast with various disinfectants for this purpose. The yeast soap proved particularly valuable in treatment of acne of the face, neck, and back; in folliculitis, and in furuncles. The combination found most effective was a mixture of 2 per cent. salicylic acid, 7 per cent. sulphur, and the neutral yeast soap, made with an excess of grease, which deprives the soap of all irritating properties. This convenient and cheap form of medication combines the antibacterial and keratolytic properties of the acid with the reducing properties of the sulphur and the specific antibacterial properties of yeast, with the nonirritating action of the soap.—Journal of the American Medical Association.

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TETANUS DURING TYPHOID FEVER.

Typhoid fever is noted for the many and diverse complications which may occur during its course. Various disorders of the nervous system have been witnessed in connection with the fever, but tetanus is among the rarest of such accidents. We have therefore been much interested in the history and clinical course of a case published by Dr. G. Caussade in the pages of an esteemed exchange.[1] The case demonstrates that the portal of entrance of the bacillus of Nicolaier is not always the integument. In this case it was found in the intestine. The author hazards the surmise that tetanus of internal origin may also arise from absorption from a natural cavity, as the womb or the bladder, or from glandular structures.

The patient was a man, 26 years of age, who was received into the Necker Hospital on the eleventh day of a typhoid fever. The tongue was coated in the middle, red at the edges, there were ocher-colored stools, rose-colored spots, persistent and sharp headache with vertigo. Insomnia was nearly absolute. There were hallucinations of hearing and active delirium. The temperature was 103° F. Sero-diagnosis was positive. The development of the fever had followed the usual type. Its onset had occurred at a time of great mental depression caused by loss of a remunerative position. From the twelfth to the twentieth day the temperature oscillated between 102° and 104° F. The urine contained indican, albumin, and uric acid in notable proportion. Sometimes there was incontinence. On the morning of the twentieth day the delirium became furious.

Two new symptoms appeared upon this day. These were contractures of the upper limbs and jaw and melæna. The contractures affected the forearms and hands. The extensor muscles were principally involved. The discharge from the bowel was abundant, consisting of black blood almost without mixture. During the same day the contractures became generalized, although they still chiefly implicated the upper limbs. The patient presented a classical opisthotonos. An agonizing dyspnœa was caused by contracture of the diaphragm. Trismus persisted; it was impossible to open the mouth. Sudden movements or a slight touch occasioned frequent and painful clonic spasms and contractures. In the intervals of grand attacks the face presented the typical "*risus sardonicus.*" Sometimes the attacks began with contractures of the facial muscles. The upper limbs remained tetanized longer than the lower, which soon regained their pliability. The contractions could not be overcome even by the exertion of considerable force.

This is the picture of tetanus, says the author, and yet the integument bore not the slightest scratch. The pulse had risen to 140 or 144, the temperature was 104° F. The tetanus was undeniable. Nevertheless, puncture showed a clear encephalo-rachidian fluid. There could, consequently, be no question of complicating cerebro-spinal meningitis. On the twenty-first and twenty-second days the temperature fell, but the pulse remained relatively rapid, which is not usual in typhoid fever, especially with abundant hæmorrhage. The fact witnessed in favor of tetanic intoxication. However, until the twenty-sixth day, the date of death, the evolution of the tetanus and the typhoid fever was parallel without effacing their reciprocal manifestations. By the twenty-fourth day the spasms of tetanus had become less generalized, less painful, and of less duration. On the day of death there was some relaxation of the muscles, but the head was still rigidly united to the body and the attempt to flex the forearms reawakened pain. Dyspnœa was intense. In this condition he remained until death.

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[1] "Tétanos au cours d'une fièvre typhoïde." Par G. Caussade, médecin de l'hôpital Tenon. La Tribune Médicale, 25 Juin, 1904.

Cultures of fæcal matter were made, respectively, three days and one day before death. Both the bacillus of Eberth and that of Nicolaier were found,—the micro-organisms which act as exciting causes to typhoid fever and tetanus. The latter organism was cultivated through generations and produced unquestionable experimental tetanus in animals. The toxin obtained from the cultures was fatal to the guinea-pig, whereas prior inoculation with anti-tetanic serum prevented the occurrence of tetanus in the same animal. These experiments are absolutely demonstrative. Undoubtedly the case was one of typhoid fever complicated with tetanus.

The important question then arises: how did the bacillus of tetanus—always inoffensive when absorbed through the digestive route or introduced directly into the bowel—produce the disease in the case under consideration? Upon experimental ground Dr. Caussade advances the idea that the presence of ulceration in the bowel is the determining factor in the case. If the bowel is intact the bacillus remains inactive or is, indeed, destroyed in the intestinal tract. In this manner may be explained why tetanus of intestinal origin does not occur in the human subject unless, as in typhoid fever, the pathogenic bacillus —which is no rarity in the bowel—is brought in contact with an ulcerated surface. Those cases which have been called tetanus *à frigore* may perhaps develop in consequence of an ulcerated mucous membrane. Our author suspects that some cases of typhoid fever complicated by generalized or partial contractures and in which neither lumbar puncture nor bacteriological examination of the fæces had been made are in reality typhoid complicated with tetanus, and not with cerebrospinal meningitis.

AMERICAN NURSES IN JAPAN.

In this life and this world good judgment is one of the most useful and valuable qualities of mind. Judgment is founded upon knowledge or wisdom as distinguished from education or scholarship. The plain man, with limited education, may possess excellent judgment concerning matters within his sphere. The college professor often displays a woeful lack of judgment in matters of everyday life. None can succeed as an executive officer or an organizer who is deficient in this needful property of mind.

These statements are the baldest truisms, and yet we are constantly being called upon to witness examples of bad judgment, both upon a large and small scale, in the affairs of individuals, communities, or nations. Judgment implies more than knowledge. It denotes reflection upon facts. Nowhere is this quality more urgently demanded than in philanthropic affairs and large public movements. Humane enterprises require the collection and the expenditure of large sums of money. It ought to be essential, therefore, that the funds should be managed with economy and intelligence in order that the greatest possible good may be accomplished. On the contrary, how often do we see a waste of time, of money, and of effort in enterprises which are predestined to failure!

An apt illustration of unwisdom has lately been brought to our attention. The American trained nurse possesses an ever-widening field of usefulness in her native country. Among her many qualifications, however, she has omitted a study of the Japanese language. Her time is too fully occupied in the hospitals during her pupillage for her to undertake such a course. Moreover, her superiors and instructors are as ignorant as herself of this subject. Her birth and training seem to fit her particularly for nursing those who speak the English language. German is a useful tongue in this country, but the German hospitals send out a quota and many of those who acquire their profession in the hospitals are of German birth or descent and are familiar with *die muttersprache.*

Several months ago, after the outbreak of the war in the East, some one conceived that it would be a beautiful scheme to send American nurses to Japan to aid in nursing the sick and wounded soldiers. Our citizens were, therefore, asked to contribute from their means sufficient to send these young women to the Orient and to provide also for their return. We thought and wrote at the time that this was an ill-considered project. In the first place, ignorance of the language is an effective bar against usefulness. A nurse must receive orders and she must hear requests. This deficiency might be overcome in course of time if the war lasted long enough, just as the first task of the missionaries is to acquaint themselves with the language of the country to which they may be assigned. While the nurses are studying Japanese, however, they would be of no service in their profession.

A more weighty objection to the undertaking lies in the fact that it was unnecessary. The Japanese have demonstrated in every way, in peace and war, that they deserve to be included in the list of civilized nations. As such, among other institutions, they are provided with hospitals and nurses. The Japanese Red Cross Society is remarkably well organized. It would, therefore, have been the plan of wisdom to learn whether our young American women were needed as army nurses in Japan. Information upon this subject could easily have been obtained.

We have it upon the authority of Dr. Nicholas Senn that the Red Cross Society of Japan is so well supported by the people that nearly every family is represented in its membership. Its hospital is the best in Tokio. The surgeons and nurses are under strict military discipline and everything works with clocklike precision. Their facilities for transportation to the front are unsurpassed. The nurses are highly trained and efficient.. It would, therefore, seem that the Japanese were able to take care of themselves in this as in other matters.

So it has proved. We now hear the sequel. Many young women have reached their destination. We are told, and can well believe, that they were fine specimens of young womanhood and looked remarkably pretty in their caps, gowns, and aprons. The Japanese are a remarkably polite people, and they gave the girls an ovation. Flowers were strewn at their feet, they were received at court and royally entertained. The nation welcomed them with acclamation.

Yet all this demonstration signified only that the Japanese appreciated the spirit which had prompted sending these young women so far from home. The demonstrations were spectacular, but the islanders did not know what to do with their guests. They had no use for imported nurses. They produced their own in sufficient number and of admirable quality. Meantime our American girls were landed and stranded. They had been sent to that far away land, provision was made for their return, but for their support while there they must look to Japan. That country has now its own heavy burdens to carry and ought not to be placed in the position of caring for American nurses who are, no doubt, efficient under conditions with which they are familiar, but are useless under totally different circumstances. Probably, at the time, they enjoyed their ovations most thoroughly and were not ill pleased to find themselves apparently the center of attraction, a part of the war pageant which is being displayed on such a large scale.

By their injudicious action those responsible for sending nurses to Japan have placed that government in an embarrassing position. The girls, too, are in a false position. They ought to be at home practicing their profession and ministering to the needs of their afflicted fellow-countrymen, and not upon the other side of the world where they are not needed and can be of little, if any, use. It is said that the Japanese government has found, or pretended to find, some work for them to do. They have been sent to the other end of Japan and are supposed to be nursing sick soldiers and prisoners of war.

We are also told that when the nurses were in Tokio it was necessary for the authorities to remodel parts of a hospital so that the American nurses could live and be served in the manner to which they had been accustomed at home. European cooks were employed in order to prepare their meals. Much of this unfortunate and rather ridiculous failure might have been foreseen. The Japanese are known to be a very diligent and exact race. A nation which has transformed and revolutionized itself in half a century contains within itself all possibilities. While they have sent their children to the United States and Europe to be instructed in the arts and sciences of civilization, while they have established schools of all grades upon the European model, they have not been servile imitators. They have known how to adopt useful methods and discard what is not suitable to their own needs. By their devotion to every detail concerning the army and navy they have developed a military nursing system which is excelled in no country. They have not as yet needed and probably will not need the voluntary assistance of a corps of nurses from this country.

Polyclinic Hospital of Philadelphia.—Dr. William M. Sweet has been appointed Professor of Ophthalmology in the Polyclinic Hospital and College, to succeed Dr. Howard F. Hansell, resigned, and made emeritus professor.

Consultation Department.

Reflex Neuroses.

Dr. L. B. has a patient, a lady 54 years of age, who has for two or three months been troubled by obscure sensations in the left side of the body, principally affecting the cardiac region, extending upward toward the left axilla and thence downward into the left arm. The sensation is not pain or even tenderness, but rather seems to be one of weakness. No pulmonary or cardiac lesion can be detected. There is no sign of aneurism of the aorta and the patient had never suffered extreme pain suggestive of angina pectoris.

It would seem, from this description, that the patient is free from arteriosclerosis. As it is said that during a period corresponding to the presence of these anomalous sensations the patient has had but little appetite and her digestion has been poor, the probability is that the feelings are of reflex origin. Acting upon this supposition, I should direct my efforts toward establishing an improved appetite and promoting the digestive function. I should see to it that her bowels acted regularly and should give her hydrochloric acid associated with the compound tincture of gentian. If necessary I should add pepsin to the combination. Nothing is said about the lady's habits. She ought to have sufficient exercise, as in walking, in the open air.

Chronic Gastritis.

Dr. O. W. writes of a man, 30 years of age, who has for a number of weeks been greatly troubled by indigestion. He has no appetite, and what little he eats causes a sense of weight in the epigastrium. nausea, vomiting, and sometimes pain in the lower part of the abdomen. There is also flatulence. He has lost flesh and strength.

Although the present attack is of no great duration, yet this is not the first time he has been so afflicted. The man, no doubt, has chronic gastritis, which is liable to exacerbations from time to time and particularly if he is indiscreet as regards his diet and habits of life. In obstinate cases of this kind I have seen marked relief follow the use of this prescription:—

℞ Acidi nitrohydrochlorici dil., ʒiij.
Tr. capsici, *m*xxxij.
Syr. zingiberis, q. s. ad ℥ij.

M. Sig.: Teaspoonful after each meal, in water.

Primary Syphilis.

Dr. H. L. G. inquires concerning the treatment of primary syphilis. His special point relates to the time of beginning constitutional treatment. His patient is a man of 28 who had been addicted to self-abuse, but who had never had sexual intercourse until a year ago. He now has a large ulcerating sore upon the mucous surface of the prepuce. Its base has the feeling of parchment hardening. The inguinal glands in each groin are hardened and somewhat enlarged.

Authorities differ upon this question. Some advise waiting until constitutional symptoms make their appearance. I am told that there are no secondary signs in this case. Those who advocate this course claim that the diagnosis will be assured by the occurrence of secondary manifestations and that in their absence and with a doubtful diagnosis we should not submit a patient to a mercurial course. My own opinion is to the contrary. In the great majority of cases the physician ought to be able to identify a chancre. This being present, the constitution is already implicated. An ulcerated lesion such as exists in this case does not always heal promptly under local treatment. The administration of a specific remedy promotes the healing of the chancre and lessens the severity of the secondary symptoms. In the case instanced I should begin at once with the protiodide and should continue it in the customary manner, keeping the patient under observation until all signs of syphilis had disappeared. When the tongue is coated and the bowels are constipated mercury with chalk is an excellent agent in such cases. The lotio nigra would be a suitable local application.

Chancre of the Cervix.

As a further confirmation of the diagnosis, the same physician informs me that he has the opportunity of what the French call confrontation. The woman from whom the chancre was contracted was sent to him by the preceding patient. Upon the cervix uteri was a large, foul ulcer and in her mouth were mucous patches. I should follow the same course with the woman. Chancres of the neck of the womb are very apt to be unamenable to purely local measures. When constitutional treatment is adopted improvement begins.

This woman is a prostitute by trade. She should be strictly forbidden to follow her occupation.

Reflex Spasm of Arm.

Dr. A. C. describes an interesting case of a woman, 45 years of age, who has been troubled for four years with spasmodic contractions of the muscles of the right arm. Light attacks occur nearly every day. Sometimes the spasm is more severe. The patient's intelligence is perfectly well preserved, there is no persistent headache or vomiting, and the gait is unaffected. She suffers also from a chronic muco-membranous enteritis.

There is no evidence here of organic disease of the brain or spinal cord. I believe that the spasm is of reflex origin and in all probability is excited by the pathological condition of the bowel. I should banish all indigestible articles from her diet and should feed her chiefly on milk. Medicinally I should try the effect of silver nitrate, which exerts a beneficial influence upon both the nerve-centers and the mucous membrane. I should order $^{1}/_{8}$ grain to be taken three times a day. On account of the possibility of producing permanent discoloration the salt should not be given continuously for many weeks at a time, but should be discontinued for an interval sufficiently long for all the metal to be eliminated from the system.

Vesicular Emphysema.

Dr. B. E. writes concerning the case of a man, 35 years of age, who suffers from an asthmatic attack every day. There is said to be no valvular disease of the heart. The lungs are extremely resonant. The chronic asthma has been followed by pulmonary emphysema. There is much shortness of breath in mounting stairs.

In a case like this we cannot restore the elasticity of the lungs and bring them to a perfectly normal condition. On the other hand, there is little or no danger of tuberculosis. This man's sufferings may be alleviated by the treatment appropriate to chronic bronchitis and asthma. He should be placed upon potassium iodide, given steadily in 10 grain doses three times a day. Strychnine is of service and from $^{1}/_{60}$ to $^{1}/_{40}$ grain may be combined with the iodide, at least for a part of the time. The iodide will relieve the bronchitis and diminish the tendency to asthmatic attacks. I am told that the man is accustomed to inhale the fumes of stramonium and obtains therefrom a partial relief. The patient should be cautioned to protect himself as far as possible from exposure that might excite acute bronchitis, which would aggravate the asthma and augment the dyspnœa.

Chronic Bronchitis with Emphysema.

Dr. R. C. P. has a patient, a man 46 years of age, who is in a similar condition to the preceding patient, but without the asthmatic distress. He has shortness of breathing, especially in going upstairs or ascending a slope, but has no actual paroxysms of dyspnœa. He has had a cough for three years unattended by much expectoration, and although he has lost flesh there are no signs of pulmonary tuberculosis. Dry râles are heard, and the percussion note is vesiculo-tympanitic. The heart's action is somewhat irregular, but there is no valvular disease.

The man has chronic bronchitis with emphysema. I should give him potassium iodide as the principal part of the treatment. I would order it in 10 grain doses in the compound licorice mixture.

Medical News and Miscellany.

Honor Dr. McMurtry.—The physicians of Louisville, to celebrate the selection of one of their number as presiding officer of the American Medical Association and to do honor to their representative, gave a banquet to Dr. Louis S. McMurtry, the recently elected president. Dr. William H. Wathen was chairman of the committee of arrangements, and Dr. William Bailey toastmaster. The following toasts were responded to: "Distinguished Men in Medicine," Dr. John A. Ouchterlony; "Medical Organization," Dr. Joseph N. McCormack, Bowling Green; "Surgery of the South," Dr. H. H. Grant; "The Successful Man in Medicine," Dr. Joseph M. Mathews; "Medical Education in the South," Dr. Clinton W. Kelly; "The Young Man in Surgery," Dr. John R. Wathen; "The Medical Man of Yesterday and To-day," Dr. J. G. Sherrill; "Fraternalism in Medicine," Dr. T. P. Satterwhite; "The American Medical Association," Dr. Louis S. McMurtry. Dr. Charles A. L. Reed, Cincinnati, made an eloquent impromptu response to a toast. About fifty-five were present at the banquet.

Dr. James Watt.—Dr. James Watt, of Brooklyn, N. Y., has received an appointment as Assistant Visiting Obstetrician to the Long Island College Hospital.

Dr. George R. Fowler.—Dr. George R. Fowler, of Brooklyn, N. Y., has recently been elected Emeritus Professsor of Surgery in the New York Polyclinic Medical School and Hospital.

Dr. Walter B. Chase.—Dr. Walter B. Chase, of Brooklyn, N. Y., has been appointed visiting surgeon to the Bethany Deaconess's Home and Hospital in that city.

Honorary Members.—Dr. C. K. Mills, of Philadelphia, and Dr. Thomas Darlington, of Manhattan, were elected honorary members of the Medical Society of the County of Kings, New York.

Superintendent Resigns.—Dr. A. Aldridge Matthews, superintendent of the University of Maryland Hospital, has resigned and gone to Spokane, Wash., to practice.

Gov. Sir William MacGregor, M.D.—The King of England has approved the appointment of Sir William MacGregor, M.D., K.C.M.G., C.B., at present Governor of Lagos, to be Governor and Commander-in-Chief of Newfoundland, in succession to Sir Cavendish Boyle.

Heart Trouble.—We are indebted to the Medical Standard for the following:—

Doctor—"I can't say that I like your heart action; you seem to have had some troubles with Angina Pectoris."

Patient—"You are partly right, Doctor, only that's not her name."

September Lippincott's Magazine.—Francis Willing Wharton has a new novelette in the September issue of Lippincott's Magazine entitled "The Deep Waters of the Proud." It is the story of a young man who, with the whole world at his feet, hears from his physicians that he is going blind. The half-dozen short stories of the month begin with one by Alden March, entitled "Help Wanted, Females." Ina Brevoort Roberts contributes one of her fetching love stories called "The Release." "Graduates of the School" is by Cyrus Townsend Brady, and is an extraordinarily good tale of yellow journalism. Caroline Lockhart writes "Sharper Than a Serpent's Tooth." "At the Sign of the Waxen Woman," by Clinton Dangerfield, is a lively story. "The Regeneration of Isaiah" closes a series of amusing darky sketches by Ella Middleton Tybout. Embodied in a paper by Maud Howe, called "Rome at Easter," is the description of a visit from the Queen to an American artist.

Dr. H. Gideon Wells.—Dr. H. Gideon Wells has been made dean of medical work in the University of Chicago, *vice* Dr. E. P. Lyons.

Ress and Weir Mitchell Elected to the Paris Académie de Médecine.—The candidates for the two vacant places of corresponding members in the medical section of the French National Academy of Medicine were Ronald Ross, of Liverpool; Weir Mitchell, of Philadelphia; Mosso, of Turin; Ehlers, of Copenhagen; Unna, of Hamburg; and Pick, of Prague. Ross and Weir Mitchell were elected by large majorities.

Chicago to St. Louis.—Profs. Elias P. Lyon, Charles H. Neilson, and Orville E. Brown of the department of physiology in the University of Chicago, have resigned to accept similar positions on the faculty of the University of St. Louis.

Dr. George N. Kreider.—Dr. George N. Kreider, of Springfield, Ill., has been reelected editor of the Illinois Medical Journal.

Dr. Henry G. Webster.—Dr. Henry G. Webster, of Brooklyn, N. Y., was recently appointed to the position of assistant visiting physician to the Methodist Episcopal (Seney) Hospital.

Maryland Medical College.—Dr. J. B. Schwatka has been elected dean, *vice* Dr. J. William Funck. Drs. Charles E. Simon and Pearce Kintzing have been added to the faculty. The former will give a practical laboratory course in clinical diagnosis to all members of the graduating class; the latter a course on physical diagnosis and clinical medicine. The plans have been formulated and the money raised for the new Franklin Square Hospital, but the work of building will not be begun until after the next session.

Resignation.—Dr. James W. Dalby, of Cedar Rapids, has resigned as Professor of Ophthalmology in the State University, Iowa City.

Appointment.—Dr. Joseph K. Weaver, of Norristown, has been appointed a member of the Montgomery County Board of Prison Inspectors, *vice* Dr. George M. Stiles, of Conshohocken, deceased.

Solemn Farewell to Professor Vogel.—One of the ruling principles in force at the university is that any member of the teaching staff attaining the ripe age of 70 must retire. A few days ago the whole senate of the university assembled to celebrate the birthday of Professor v. Vogel and to take formal leave of the Nestor of German pharmacologists. He was the founder of modern methods of experimental pharmacology, and his works on pharmacodynamics, the alkaloids, and modern research in pharmacology induced the government to secure him as editor of the "Pharmacopœia Austriaca." He is President of the Society of Apothecaries, President of the Royal Council of Health and Sanitation, and Examiner in Materia Medica at the University of Vienna. A vast number of professors, governmental authorities, deputations from various learned societies, of students and former pupils, assembled in the Grand Hall, where a solemn farewell was given to this beloved teacher and profound student.—British Medical Journal.

Tri-State Medical Society of Alabama, Georgia, and Tennessee—The Sixteenth Annual Session of the Tri-State Medical Society of Alabama, Georgia, and Tennessee will be held at Chattanooga, Tenn., October 12, 13, and 14, 1904, under the presidency of Dr. F. B. Sloan, of Cowan, Tenn. The headquarters will be at the Read House. Addresses will be delivered by Dr. William J. Mayo, of Rochester, Minn., and Dr. A. J. Ochsner, of Chicago. Requests for places on the program or information in regard to the meeting can be had by addressing the secretary, Dr. Raymond Wallace, Loveman Building, Chattanooga, Tenn. The usual railroad rates will be in effect.

Association of Military Surgeons.—The next annual meeting of the Association will convene at the World's Fair in St. Louis, Mo., October 10-15, 1904, and will take the form of an International Congress of Military Surgeons.

Memorial to Kahler at Vienna.—A portrait bust of Otto Kahler, 1848-1893, was recently unveiled with much ceremony in the arcades of the Vienna Faculty of Medicine. Nothnagel and Kraus reviewed his work in internal medicine and his life career in general.

Rabl Called to Leipzig.—Prof. Karl Rabl, of Prague, has accepted a call to Leipzig as successor to the late Professor His in the chair of anatomy.

Honorary Degree.—On the occasion of the visit of the British Medical Association to Oxford, on July 27th, the honorary degree of D.S.C. was conferred, among others, on Dr. Roddick, of Montreal, and Dr. William Osler, of Baltimore.

Medical Record.—Dr. George F. Shrady, after nearly forty years of continuous service, has resigned the editorship of the Medical Record, Dr. Thomas L. Stedman, who has been associate editor for nearly twenty years, being appointed in his place.

Austrian Balneological Congress.—The Fourth Austrian Balneological Congress will meet at Abbazia, October 12-16, 1904, under the presidency of Professor Winternitz, of Vienna.

Prof. Adolph O. Pfingst.—Dr. Adolph O. Pfingst, for nine years Professor of Physiology and Histology in the Louisville Medical College, has accepted the Chair of Ophthalmology, Otology, and Rhinology in the Medical Department of Kentucky University, holding title of professor of those branches.

Tulane University.—Dr. L. F. Reynaud has been elected Professor Emeritus of Materia Medica, etc., and Dr. J. M. Batchelor Associate Professor of Clinical Surgery.

Albany Medical College.—Dr. Albert Vander Veer has resigned as dean of the Albany Medical College, an office he has held for many years. This action was rendered necessary by a recent law which prevents a regent of the University of the State of New York acting as dean of a medical college. Dr. Samuel B. Ward has been chosen to fill the vacancy caused by Dr. Vander Veer's resignation.

A New Genito-urinary Journal.—The announcement is made that the first issue of the American Journal of Urology will appear in October. It will be the official organ of the American Urological Association. The editor will be Dr. Henry G. Spooner, of New York City.

M. A. Chauveau.—M. A. Chauveau has been appointed Director of the Institut Marey, in succession to the late Professor Marey.

Dr. Burtis Burr Breese.—Dr. Burtis Burr Breese, of the Tennessee University, has been appointed Professor of Psychology at the University of Cincinnati.

Albany Medical Faculty Changes.—Dr. Richard M. Pearce has been made Professor of Pathology and Bacteriology; Dr. Harry J. Lipes, Clinical Assistant in Obstetrics; Dr. Spencer L. Dawes, Adjunct professor of Materia Medica; Dr. Charles K. Winne, Jr., Instructor in Bacteriology; Dr. Edwin F. Sibley, Instructor in Clinical Microscopy; Dr. George G. Lempe, Instructor in Anatomy; Dr. Howard E. Lomax, Assistant Demonstrator of Anatomy; Dr. Donald Boyd, Demonstrator of Anatomy of the Nervous System and Assistant Professor of Histology; Dr. Silas S. Filkins, Professor of Anatomy; Dr. Edwin McD. Stanton, Lecturer on Histology, and Dr. Wilfred S. Hale, Lecturer on Anatomy and Assistant Curator of the Museum.

Italian Congress of Pædiatrics.—The fifth Italian Congress of Pædiatrics will be held at Rome in October. The subjects appointed for discussion are "Tuberculosis in Children" and "Infantile Anæmia." Professor Concetti is to preside, while Professor Valagussa is secretary, and Pagliari treasurer.

Dr. James Barr.—Dr. James Barr, physician to the Liverpool Royal Infirmary, has been elected a Fellow of the Royal Society of Edinburgh.

Death of Dr. Frantz H. Coe.—Frantz H. Coe, M.D., one of the most prominent physicians of Washington, who, although suffering acutely, presided over the deliberations of the State Medical Association, collapsed and died from Bright's disease at his home in Seattle, the same morning, aged 47. He had been for ten years surgeon of the Northern Pacific and Seattle & International railways.

Dr. William Litterer.—Dr. William Litterer, of Nashville, has succeeded Dr. Louis Leroy as Professor of Histology, Pathology, and Bacteriology in Vanderbilt University Medical Department.

Birmingham (Ala.) Medical College.—Several changes have been made in the Birmingham Medical College faculty. Dr. James S. McLester has been appointed Professor of Histology and Pathology; Dr. J. M. Mason, Associate Professor of Anatomy; Dr. A. F. Toole, Professor of Genitourinary Surgery.

Death of Dr. George V. Wenner.—Dr. George V. Wenner, of Milford, N. J., recently died. He was 40 years of age and was a graduate of the Medico-Chirurgical College of Philadelphia in the class of 1896.

Professor Murphy.—Dr. John C. Murphy has been elected Professor of Obstetrics in the St. Louis College of Physicians and Surgeons.

Prof. F. D. Smythe.—Dr. F. D. Smythe was elected Professor of Gynæcology at the Memphis Hospital Medical College at the last annual meeting of the faculty.

Dr. R. M. King.—Dr. R. M. King, for several years Professor of Obstetrics at the St. Louis College of Physicians and Surgeons, has resigned.

Nebraska State Medical Society.—At the thirty-sixth annual session of the Nebraska State Medical Society in Omaha, the following officers were elected: President, Dr. Robert C. McDonald, of Fremont; vice-presidents, Drs. John M. Mayhew, of Lincoln, and Charles L. Mullins, of Broken Bow; secretary, Dr. A. D. Wilkinson, of Lincoln; corresponding secretary, Dr. H. Winnett Orr, of Lincoln; and treasurer, Dr. James L. Greene, of Asylum.

Dr. Flemming Carrow.—Dr. Flemming Carrow has resigned the chair of ophthalmology and otology in the University of Michigan, Ann Arbor, and will locate in Detroit.

Dr. Ray L. Wilbur.—Dr. Ray L. Wilbur, Assistant Professor of Physiology in Leland Stanford University, has resigned and will take up private practice.

Dr. John B. Murphy.—Dr. John B. Murphy was recently elected President of the Chicago Medical Society.

New Mexico State Medical Society.—The twenty-third annual session of the New Mexico Medical Society, held at Albuquerque, closed with the election of the following officers: Dr. Edwin B. Shaw, of Las Vegas, president. Dr. J. Frank McConnell, of Las Cruces; Thomas B. Hart, of Raton; and Percy G. Cornish, of Albuquerque, vice-presidents. Dr. Guy H. Fitzgerald, of Albuquerque, secretary. Dr. Harry M. Smith, of Las Vegas, treasurer.

Minnesota State Medical Society.—The Minnesota State Medical Society, at its thirty-sixth annual meeting, held in St. Paul, elected the following officers: President, Dr. John W. Bell, of Minneapolis. Vice-presidents, George S. Wattam, of Warren; Drs. John Williams, of Lake Crystal; and James H. Haines, of Stillwater. Secretary, Dr. Thomas McDavitt, of St. Paul. Treasurer, Dr. Richard J. Hill, of Minneapolis.

Dr. B. Curtiss Miller.—Dr. B. Curtiss Miller for eight years resident physician in charge of the Western Maryland Hospital, Cumberland, has resigned.

Dr. Louis G. Heyn.—Dr. Louis G. Heyn has been appointed assistant in chemistry in the Miami Medical College.

Dr. H. L. Woodward.—Dr. H. L. Woodward has been appointed assistant to the chair of physiology in the Medical College of Ohio.

Ohio Valley Medical Association.—The sixth annual meeting of the association will be held at Evansville, Ind., November 9th and 10th, under the presidency of Dr. A. M. Hayden.

Dr. Patrick V. Carlin.—Dr. Patrick V. Carlin, of Denver, has been elected a member of the Board of Education for the City and County of Denver.

Dr. J. M. Jordan.—Dr. J. M. Jordan has been appointed assistant county physician of Denver County, *vice* Dr. Seymour T. Jarecki, deceased.

Dr. William R. Pryor.—Dr. William R. Pryor, Professor of Gynæcology at the New York Polyclinic Hospital, has been appointed attending gynæcologist to St. Vincent's Hospital.

American Association of Obstetricians and Gynæcologists.—The American Association of Obstetricians and Gynæcologists will hold its seventeenth annual meeting at the Hotel Monticello, St. Louis, on Tuesday, Wednesday, Thursday, and Friday, September 13, 14, 15, and 16, 1904.

Eye, Ear, and Throat Men.—The ninth annual meeting of the American Academy of Ophthalmology and Oto-laryngology was held in Denver, August 24-26, under the presidency of Dr. Edward Jackson, Denver.

Book Reviews.

A Text-book of Human Physiology. By Albert P. Brubaker, A.M., M.D., Professor of Physiology and Hygiene in the Jefferson Medical College, etc. With Colored Plates and 354 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1904.

The author has had a large experience, both in the class room and laboratory. His avowed aim in this work is to present the subject of physiology in such a manner as to be useful to the medical student and the medical practitioner. The physiology of man is pure science and the most important branch of biology. It rests upon experiments performed in the laboratory. In the daily work of the medical man, however, it is an applied science, and it is this side of the subject which appeals most strongly to the practitioner. He uses physiology as the key to pathology.

For such an individual Dr. Brubaker's work will be a reliable companion. He has not devoted much space to descriptions of laboratory methods, for a knowledge of these is acquired in the laboratories themselves and in works devoted to technique. Furthermore, it is the actual results of investigations which chiefly interest the physician and not so much the manner in which the results were obtained.

A competent acquaintance with the fundamental principles and cardinal facts of physiology is an essential requisite of the physician. These are clearly stated by the author, who gives no space to purely theoretical discussions. The chief functions of the human body are described in accordance with the present state of knowledge. As it depends so closely upon chemistry, physiology shares the constant progress of that science. New books or new editions are constantly in request. Researches are constantly being carried on in different physiological laboratories. The conclusions to which these investigations lead, or seem to lead, must be collated and their value appraised. When they have successfully run the gauntlet of criticism they become part of the general stock of knowledge. Then they are incorporated into the text-books. Dr. Brubaker, being well qualified by his long course of training, has produced a book which is a useful representation of his subject.

Baeder-Almanach. Mittheilungen der Baeder, Luftkurorte und Heilanstalten in Deutschland, Oesterreich, der Schweiz, und den angrenzenden Gebieten fuer Aerzte und Heilbeduerftige. Neunte Ausgabe mit Karte der Baeder, Kurorte, und Heilanstalten. Berlin: Druck und Verlag von Rudolf Mosse.

This is a guidebook descriptive of the various baths, resorts, and sanatoriums of Germany, Austria, Switzerland, and adjacent countries. It is a useful publication. It furnishes the physician with reliable information concerning the places to which he may send his patients for recuperation. The composition of the springs is given, their mode of use, the diseases for which they are beneficial, how to reach them, the conveniences of modern civilization which they possess, together with the name of the resident physician. Analogous information is given regarding the "climate cures," as the Germans call them, and other resorts for invalids. The physician is therefore materially aided in the selection of the spot or the spring which, in his judgment, will be best fitted to restore his patients to health. The patients receive instruction concerning routes, railways, etc.

The American Year-book of Medicine and Surgery for 1904. A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs, and Text-books of the Leading American and Foreign Authors and Investigators. Arranged, with Critical Editorial Comments, by Eminent American Specialists, under the Editorial Charge of George M. Gould, A.M., M.D. In Two Volumes. Volume I, including General Medicine. Octavo, 673 Pages, Fully Illustrated. Volume II, General Surgery. Octavo, 680 Pages, Fully Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Per Volume: Cloth, $3.00, net; Half-morocco, $3.75, net.

These are extremely useful volumes. By their means the physician in the remotest districts can keep himself in touch with the progress disseminated from the chief medical centers of the world. The world's professional literature of the year is condensed within their pages. The work is so well performed that the essential matter is retained while amplifications are rejected.

Volume I contains ten departments. That on general medicine has been prepared by Drs. Alfred Stengel and D. L. Edsall, of Philadelphia. In this field the most important contributions relate to the infectious and parasitic diseases. The most striking discovery is the organism isolated by Councilman, thought to be a protozoön and the etiological factor in variola and vaccinia. Much new matter is contributed relative to typhoid fever, pneumonia, tuberculosis, rheumatism, and bothriocephalus anæmia. The recent studies of trypanosomiasis are of importance. Pædiatrics is summarized by Drs. J. P. Crozer Griffith and J. Claxton Gittings, of Philadelphia, who present us with the latest investigations concerning the significance of leucocytosis and concerning the important subject of milk and infant-feeding. Pathology and bateriology are under the supervision of Drs. David Riesman and A. O. J. Kelly, of this city. In this field the study of animal parasites has been conspicuously prominent. Malaria, filariasis, psorospermiasis, trichiniasis, and trypanosomiasis are due to this class of organisms. The last named is of special interest because of its asserted relationship to sleeping sickness and other ill-understood tropical diseases. The subject of nervous and mental diseases is under the care of Dr. Archibald Church, of Chicago, who surveys the literature of the year. Cutaneous diseases and syphilis are reported upon by Dr. Louis A. Duhring, of Philadelphia. The most important work in this department concerns the value of light and the x-ray in treatment. Drs. Reynold Webb Wilcox, of New York, and A. A. Stevens, of Philadelphia, epitomize the work done in materia medica, experimental therapeutics, and pharmacology. Late writings and experiments connected with physiology are condensed by Dr. G. N. Stewart, of Chicago. Drs. John Marshall and J. H. W. Rhein, of Philadelphia, inform us concerning legal medicine. Dr. Samuel W. Abbott, of Boston, has collected material concerning public hygiene and preventive medicine. Physiological chemistry is the important subject confided to the editorial supervision of Drs. Walker Jones and Reid Hunt, of Baltimore.

Volume II includes seven subdivisions. The advance of general surgery is delineated by Drs. J. Chalmers Da Costa and John H. Gibbon, of Philadelphia. Amputations, tumors, anæsthetics, the surgery of special organs, appendicitis, venereal diseases, and genito-urinary surgery are among the principal topics concerning which we are given the latest literature in a concise form. As surgery is so constantly progressing and as it is such an important branch of practice it occupies about half of this volume. Dr. Barton Cooke Hirst and Dr. W. A. Newman Dorland, of this city, have brought together the gist of publications upon obstetrics. This is one of those always important subjects in which every general practitioner is necessarily interested. The question of the determination of sex is reviewed in the light of recent communications. Reasons are given for doubting the pessimistic assertions relative to the lessened birth-rate. Recent papers upon deciduoma malignum have been sifted. This disease is either becoming more frequent or is more frequently diagnosed. The pathology of pregnancy, placenta prævia, extra-uterine pregnancy, maternal dystocia, fœtal dystocia, and the pathology of the puerperium are the topics to which most space is devoted in this section. The department of gynæcology is superintended by Drs. J. Montgomery Baldy and W. A. Newman Dorland, of this city. Reference is made to an operation devised by Koch, of Bonn, to produce what he calls "facultative sterility," by which is meant the prevention of conception for any length of time without permanently depriving the subject of procreative power. If effective it will be of great value in cases where pregnancy would be peculiarly perilous. Among affections of the vulva, vagina, rectum, and breast an interesting case of a rare disease, mycosis vaginæ, is cited. This is due to *Oïdium albicans.* The urinary organs, menstruation and its disorders, uterine displacements, and tumors receive considerable attention. Orthopædic surgery is under the care of Drs. Virgil P. Gibney and J. Hilton Waterman, of New York. In this section various new procedures for the correction of deformities are described. The recent literature of ophthalmology is summarized by Drs. Walter L. Pyle and Samuel Horton Brown, of Philadelphia. Drs. D. Braden Kyle and George Fetterolf, of this city, review the latest communications concerning diseases of the nose, throat, and ear. The progress of anatomy is recorded by Dr. C. A. Hamann, of Cleveland.

Diseases of the Nose and Throat. By D. Braden Kyle, M.D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Laryngologist, Rhinologist, and Otologist to St. Agnes's Hospital. Third Edition, Thoroughly Revised and Enlarged. Octavo Volume of 669 Pages, with 175 Illustrations, and 6 Chromolithographic Plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $4.00, net; Sheep or Half-morocco, $5.00, net.

This is a well-prepared book and has been deservedly successful. It is adapted to be of service to the general practitioner as well as to the physician taking up diseases of the nose and throat as a specialty. In fact, many of the diseases described in this volume are treated throughout their course by the general practitioner or surgeon. The author has gone through the work carefully, eliminating what is old and adding what is new with the aim of making it completely representative of the present state of knowledge.

The descriptions of the various diseases are in plain and lucid language. The pathological changes are portrayed with accuracy and with sufficient fullness. The sections upon diagnosis are satisfactory. Those upon treatment are very instructive and will be studied with profit. In this edition the author includes an account of Gersuny's paraffin method for the correction of nasal deformities, a section on the x-ray treatment of carcinoma, and the results of his experience in the chemistry of the saliva and nasal secretions in relation to diagnosis and treatment. As regards the x-ray treatment, he believes that a trial is justified, although further investigation and many more case reports are needed before an authoritative opinion can be expressed.

COMMERCIAL NEWS.

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GLYCOGEN: A THERAPEUTIC AID.

By Jacques de Nittis.

In the Presse Médicale of April 22, 1903, a year after my first communication to the Société de Biologie, I referred to the therapeutic effects resulting from the administration of Glycogen. Since then Glycogen has attracted much attention in France and abroad. The results are often surprising in those cachexias and acute affections where the organism reacts badly. Now that Glycogen is beginning to be adopted in general practice, it appears to me interesting to give more precise indications for its useful employment.

The clinical applications of this agent suggested themselves by the trend of modern medical thought and the physiological indications acquired by research alone in recent years. According to the investigations of de Luschi, de Brault, de Loeper, Esmonet, de Teissier, de Charrin, and others, which accord with my own, Glycogen accumulates at points where either a reaction takes place or where there is cellular proliferation; it is diminished or eliminated from the blood of patients suffering from tubercular, typhoid, diphtheria, and general cachexia; besides which, it is antitoxic and bactericidal.

The theoretical grounds on which Glycogen produces results, however, required the support of actual clinical evidence before it could be seriously accepted by the medical profession generally, and this has been most abundantly forthcoming. From the standpoint of scientific deduction, it is perhaps fortunate that it has also been used as an empirical remedy, for who would have supposed it possible that Glycogen would produce such marvelous effects in migraine? The general indications in which its effects are demonstrated and supported on purely technical grounds are well established, in cachectic conditions, such as occur in tuberculosis, cancer, neurasthenia, diabetes, albuminuria, chlorosis, etc. The vitality of patients improves rapidly, and those who have been in bed for months are usually able to get up after ten or twenty days' treatment. The morale improves, the appetite increases, and some tubercular patients gain as much as two pounds weekly under its influence.

In typical infectious diseases, such as typhoid, grip, scarlatina, pneumonia, erysipelas, etc., the course of the disease is simplified, temperature is easily reduced, and convalescence is much easier and more rapid. These effects are observed in the most serious cases, such as we find in tubercular peritonitis. I recall a case of this nature, now completely cured, which was treated in the surgical department of the Lariboisière Hospital with Glycogen, the patient regaining strength and appetite in a most remarkable manner after a few days' treatment.

In the aged, Glycogen may be looked upon as a universal remedy in all affections; it is of especial advantage with this class of patients, whose organs have become fragile, because there is absolutely no danger of doing harm. In one case of pneumonia in an old man, the patient recovered with the ease that one expects only among the young, and in two asthma cardiac cases, aged, respectively, 72 and 76 years, one was able to go out after being confined to his room for months, after a few days' administration of Glycogen, and the other lost the trembling which had hitherto prevented his drinking from a spoon.

The method of administering Glycogen is of great importance, and if failures to confirm my claims have occurred among my *confrères* I can only attribute it to faulty methods of administering the Glycogen.

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(Continued on Advertising Page 18)

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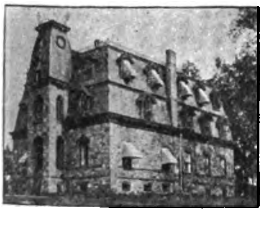

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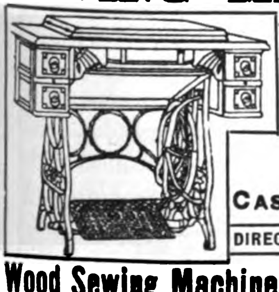

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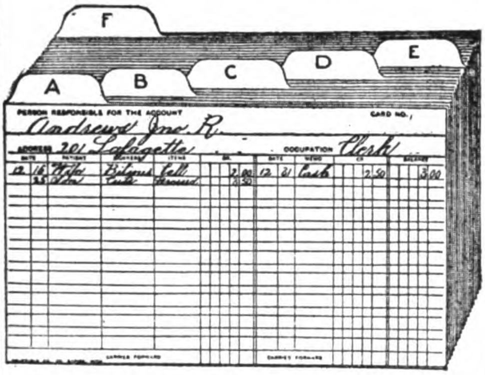

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phlogistine over it, after which cotton-wool and a bandage were put on. This was done ever day by the patient's friends for four months. The ulcer is now quite healed over and the induration is all gone. She is able to resume her ordinary housework. I publish this case in the hope that it might be useful to others, as Unna's paste and all sorts of methods had been previously tried. I may say that I have no personal interest in Antiphlogistine.—The Lancet, London, Eng., July 2, 1904.

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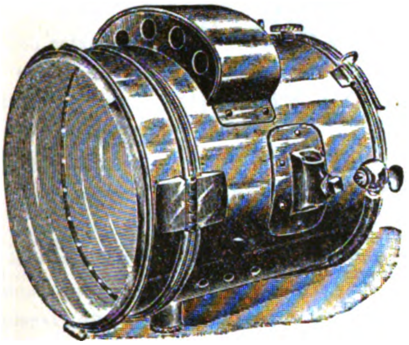

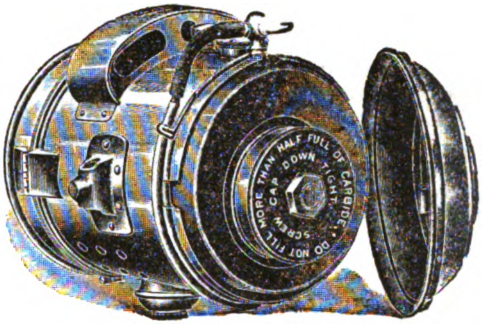

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXVI. PHILADELPHIA, OCTOBER, 1904. No. 10.

Clinical Lecture.

CHOREA IN PREGNANCY.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

GENTLEMEN: This young girl, 17 years of age, has been afflicted for four months with irregular, spasmodic contractions of muscles. I am told that seven years ago she was affected in the same way. As she sits here in the arena you see that she is continually twisting her body in different directions. Her head and body are constantly turning from one side to the other, her arms and legs twitch, the contraction of the facial muscles draws her features into curious grimaces. Her mental condition is bad; she is irritable, headstrong, and very hard to control. When the patient was first seen she could hardly sit on a chair. She fidgeted all over the room. To-day she is considerably better. She is anæmic. The disease of the nervous system is complicated by pregnancy, and I might as well state at this point that the process of reproduction, acting upon an unstable nervous system which has once before been the seat of the same disease, has induced this second attack. As regards the spasms I should call your attention to the fact that they occur only during the waking hours. When the girl sleeps she is quiet. The movements are more marked when the patient is under observation. This girl, for instance, is more restless at the present moment than when in the ward.

There is no difficulty in the diagnosis of this case. We have to deal here with a case of chorea. There is scarcely any other disease, in fact, with which it may be confounded. When the disease develops very early in life there might be a suspicion of infantile cerebral, or spastic, paralysis accompanied by athetosis. This word is derived from the Greek and signifies "without fixed position." In athetosis the movements are, indeed, involuntary, but they are mostly confined to the fingers and toes, they are slow, occur during sleep, and have been compared to the movement of the arms of a polyp. Apart even from the question of age there can in this case be no question of such a condition. Here the movements are of a quick, abrupt, twitching character. That universal mimic, hysteria, may, and does, produce cases which appear in the guise of chorea. Hysterical chorea is especially prone to develop after an emotional shock, and the twitchings principally consist of rhythmical contractions of the extremities. This form of hysteria is also exceedingly apt to occur as a result of imitation, as in girls' schools, convents, and other assemblages of women. The popular name of the disease is St. Vitus's dance. This appellation is derived from a curious outbreak on a large scale and typically illustrative of hysterical chorea. There broke out in Germany during the Middle Ages the very singular epidemic known as the dancing mania, when people, mostly women, danced through the country until they fell down from sheer exhaustion. It is said that the victims would resort to the chapels of St. Vitus, who was supposed to possess the power of curing the disease. In course of time the name of the Saint was conferred upon the disease which he had been expected to cure. These grand paroxysms of hysterical chorea are likewise called chorea major or magna. Nevertheless, it is indisputable that hysteria and true chorea may coexist in the same individual.

---

[1] **Delivered in the amphitheater of the Medico-Chirurgical Hospital.**

In contradiction to hysterical seizures and complications the ordinary manifestation, such as is exhibited in the case before you—although this case is of much more than the usual severity—is termed chorea minor. It is sometimes alluded to under the name of Sydenham's chorea, in honor of a distinguished English physician of the seventeenth century.

Chorea minor occurs principally among children and youths. It is two or three times more common in girls than boys. Much less often does it appear in old people, when we designate it as senile chorea. In the milder varieties of chorea, many examples of which are found among school children, there is but a slight twitching of muscles of certain regions, as about the eyes or at the corner of the mouth. The contortions are at first often mistaken for willful grimaces—as the children say, "making faces"—and cause the fellow-scholars to laugh. Not infrequently they bring down rebukes upon the little pupil, until their true nature has been recognized. In a second variety the spasms are more pronounced and more general. The shoulders are shrugged, the head is jerked from side to side, the arms are twisted, the trunk turns from side to side, the legs twitch restlessly to and fro. When the patient [illegible] lk the irregular muscular contractions may seriously impede the gait. The spasms of chorea affect irregularly different groups of muscles at the same time. The spasms occur oftenest in the upper extremities and least often in the lower limbs. The movements of the tongue are in some instances tremulous and irregular. The speech may for this reason be rendered indistinct. Hemichorea, as the name implies, is limited to one side of the body. The involuntary twitching is increased by voluntary movements.

In a third and highest grade of severity it seems like a travesty to speak of chorea minor. The afflicted individual is in incessant movement. He jerks, stumbles, lurches, falls, and is, indeed, a pitiable object. I remember one unfortunate young girl, comely as to the face if ever the contortions left her face for an instant at rest, plump and apparently well nourished, but who was a sad spectacle on the street as she rolled along, twitching in all her limbs, with distorted features, and often thrown to the ground by the irregularity of her contorted walk.

The sphincter muscles and those of respiration are rarely affected in chorea. Diminished appetite and constipation are common in choreic patients. The continual movements produce more or less exhaustion. As a rule, there is no variation in the normal temperature. In extremely severe cases an elevation has been observed.

Upon other occasions, when discoursing in this arena concerning other forms of nervous disease, I have directed your attention to the neuropathic constitution and reminded you that in different members of the same family in direct and collateral descent we will find various separate and distinct diseases of the nervous system. One will exhibit neuralgia, another neurasthenia, a third will be the prey of hysteria, others will fall victims to inebriety, some will become epileptic, some will be cursed with insanity, some will suffer from chorea. This morbid susceptibility of the nervous system is known as the neuropathic constitution. The individuals are termed neurotics. They are liable to be attacked by chorea after a fright or other emotional excitement. This statement applies particularly to young girls.

There seems to be a relationship between rheumatism and chorea. Many of those who suffer from the latter disease have had rheumatism. Endocarditis and valvular disease occur in a large proportion of choreic patients. Other infectious disorders may be followed by chorea.

The patient before us is a typical illustration of the chorea of pregnancy. The comparative frequency with which this association occurs is well recognized. The nervous disease is especially apt to make its appearance in young unmarried women during the early months of pregnancy. It is probable that the anxiety and shame experienced by these girls are causative factors in precipitating the attack. Those who have previously suffered from chorea are peculiarly liable to have a return during pregnancy, and this is exemplified in the history of the young girl now in your presence. The nervous disease vanishes when the child is born. Chorea during the puerperal period is very rare. It may, however, recur during a subsequent pregnancy.

Chorea does not often cause death. The fatality is greater among adults than in children. Most of those who perish have also had disease of the heart. The more severe variety may have a lethal termination in consequence of exhaustion, impaired nutrition, and, in some instances, fatty degeneration of the heart. The prognosis of the chorea of pregnancy is more gloomy. About one-fourth of the patients succumb. The prognosis seems to be more auspicious for those who, like this girl, have previously suffered from chorea. As a general rule, chorea lasts for a few months. Its duration may extend to a year. Prolonged, chronic, and incurable cases are rare. Relapses are common. Mild cases may recover in a few weeks. The older the patient, the longer and more intractable is the disease, as a rule. In some instances the disease assumes a permanent form.

Little is known concerning the pathological anatomy of chorea. Such changes as have been found after death have been usually due to the cardiac affections following rheumatism. It has been suggested that chorea was dependent upon small emboli in the vessels of the corpora striata, but the occurrence of the disease without affection of the heart forbids a belief that such an origin is by any means constant or characteristic. In the comparatively few severe and fatal cases which have been examined postmortem different cerebral lesions have been found, but they have given us no exact knowledge as to the genesis of the disease.

Therefore, we classify chorea among the neuroses or functional diseases of the nervous system. Certain cases, however, of which that before you is an excellent example, are to be ranked among the psychoses, or affections of the brain. Most patients display some degree of mental impairment. Irritability is common. The memory is often defective. More particularly in the chorea of pregnancy the psychical involvement may assume grave forms. The patients may become melancholic or maniacal; they may have delirium or hallucinations. We should give a guarded prognosis in cases characterized by such symptoms. As regards this girl the probability is that she will recover if she can be brought and kept under control. As I have said, however, she is very unruly, and is already insisting upon her return home.

Before passing on to the treatment of chorea I will allude briefly to an affection similar to, but distinct from, chorea minor, known as hereditary chorea, or Huntingdon's chorea. It is handed down from generation to generation and does not generally manifest itself until adult life. The spasmodic, erratic movements grow progressively worse and the mental condition gradually deteriorates, often terminating in idiocy. The disease is incurable. The patient may live for years, but steadily loses ground. You must be prepared to distinguish Huntingdon's from Sydenham's chorea, as there is such a vast difference in the prognosis.

In the treatment of chorea we must pay much attention to hygiene. The patient must have fresh air, sunlight, a nutritious, but plain, diet, and such an amount of exercise as is compatible with the ability to walk. It is better to withdraw the child from school, as the observation and remarks, or perhaps ridicule, of schoolmates aggravate the spasms.

As regards medicinal treatment much depends upon the nature of the cause and the state of the patient. If the chorea seems to depend upon a rheumatic dyscrasia we should administer remedies suitable to that condition. If the patient is anæmic a preparation of iron should be given. In all cases the bowels should be kept open. It is desirable that the patient should have an abundance of sleep. Hypnotics are, therefore, to be given as required. There is no specific remedy appropriate to all cases. Antispasmodics and tonics have been largely used. An arsenical course is the most generally efficacious method of treatment. We may employ the arsenous acid, alone or in combination with iron according to circumstances, or we may place the patient on ascending doses of Fowler's solution—liquor potassii arsenitis. Beginning with a dose of 3 or 4 minims for a child of 10, we increase the dose gradually until evidence of physiological action is obtained. The dose is then decreased or the medicine may even be suspended for a few days, and we may order some useful substitute. The salts of zinc have enjoyed a reputation for usefulness in chorea. The oxide has, perhaps, been oftenest employed, but some writers have preferred the sulphate, while others have considered the cyanide of superior efficacy. On account of its combination of tonic and antispasmodic virtues zinc valerianate has been highly recommended. Valerian, asafœtida, and camphor are other remedies of the same class which have been used. Monobromated camphor and musk come in the same category. Strychnine has had its advocates. Enough opium to keep the patient slightly narcotized has been the plan adopted by some practitioners. Some have preferred cannabis Indica. The bromides and chloral have likewise been utilized. In cases of the extremest type the virtues of ether or chloroform have been called into action. The patient has been anæsthetized for a half-hour or longer every day. Whenever this method is adopted the attendant should not lose sight of the fact that it is particularly in such cases that there is cardiac weakness. He should, therefore, be very circumspect and on the alert for danger signals. Among antirheumatic agents cimicifuga and salicin are of avail.

Occurring during pregnancy chorea demands particular management. Unless the patient's state is desperate our object will be to preserve, as far as we can, the life of the fœtus. We must be very careful in the use of arsenic or cimicifuga, for instance. Some cases are so severe that the question of induced abortion arises. This may become necessary if the strength has been exhausted by incessant and forcible muscular contractions, by the coexistence of cardiac or renal disease, etc.

Turning from these general principles to the management of the present case I shall, in the first place, have the girl put to bed and watched to see that she stays there; I shall then prescribe such drugs as will tranquillize her nerve-centers. I shall be careful in my selection of remedies because at the present time I see nothing in the girl's condition which would warrant interference with the progress of her pregnancy. This caution will exclude the use of cimicifuga. That drug, efficient as it undoubtedly is in ordinary cases, especially when they arise upon a rheumatic basis, has too marked an action upon the uterus to be used in such a case. In suitable cases the fluid extract, beginning with 5-minim doses and running up to 20 or 30, has an excellent effect upon the spinal axis and mucous membrane of the alimentary tract. Cannabis Indica I have already mentioned. It is a serviceable agent. In juvenile patients I have often given the tincture in 1-minim doses, gradually increasing the amount. It is an antispasmodic, its first effect being stimulant and its secondary influence hypnotic.. As, however, this remedy also stimulates the uterus, it is inadvisable for the case now in your presence. Zinc oxide is a tonic to the nerve-centers and may be given in the dose of from $^1/_4$ to $^1/_2$ grain four times a day. Strychnine is synergistic. I would give it in the dose of $^1/_{40}$ grain. The salts of iron which I usually employ are the sulphate, lactate, and pyrophosphate, although others are good. The official valerianate is an active preparation, and is sometimes preferred. The unofficial ferrocyanide of iron has also been recommended.

For this young girl I shall order:—

℞ Ferri lactatis, gr. ss.
Strychninæ sulphatis, gr. $^1/_{40}$.
Zinci oxidi, gr. $^1/_4$.

M. et ft. in pil. no. j.

Sig.: One such pill to be taken four times a day.

I shall give her a hypodermic injection from time to time if necessary to control her restlessness. This method is often required in chorea associated with pregnancy. Nor should I hesitate to administer inhalations of ether or chloroform if she can be controlled in no other way. Chloral hydrate is often of service when there is no heart trouble, but you must remember that this preparation is capable of causing sudden rest of the heart. When cardiac involvement exists I give the preference to the bromide of sodium or potassium.

This girl shall be placed upon a simple diet, consisting principally of milk and eggs with not much meat, for her digestion is poor, and with a few vegetables. If she is restless at night I shall give the first choice to an agent which is superior to the bromide or chloral. I refer to paraldehyde, a clear fluid, used in doses from 20 minims to 2 fluidrachms, which quiets the nerve-centers, produces sleep, and exerts a beneficial influence upon the mucous membrane of the alimentary canal. With this patient I shall begin with a 20-minim dose, increasing it in accordance with the demands of the case.

COMPRESSION OF THE UMBILICAL CORD.[1]

By Ch. Maygrier,

Professeur Agrégé, Accoucheur de la Charité.

During the vacation of 1901, while I took the place, in the Tarnier Clinic, of Professor Budin, I found one morning on entering the lying-in ward a woman in the second stage of labor. She was a primipara in whom dilatation had been complete for a quarter of an hour. The head was in the occipito-anterior position. Everything presaged a speedy and normal delivery when, at the moment of my arrival, the resident in attendance observed and informed me immediately that the fœtal heart-sounds were becoming slow. I listened and counted 80, then 70 and 60 pulsations to the minute in the interval of uterine contractions. I at once prepared to apply the forceps. During the very short time required to make these preparations and to place the woman in the obstetrical position the pulsations entirely ceased. I hastened to apply the instrument and rapidly extracted a babe in a condition of apparent death whose neck was surrounded by a loop of the cord. It was a small boy, weighing 2440 grammes (about 6$^1/_2$ pounds), and was easily resuscitated. The cord had been compressed and the child would have perished. Its life was due to the promptitude of my intervention.

---

[1] Translated for The Medical Bulletin from Le Progrès Médical, August 27, 1904.

I purpose in this lecture to discuss the subject of compression of the umbilical cord, an accident of labor of which I have just given you an instructive example, and which is far from being rare.

It is not necessary to define a self-explanatory term. According to whether the diminution of the caliber of the umbilical vessels, produced by the compression, permits or not the circulation of the blood the fœto-placental exchanges may be either simply modified or they may be suppressed, and the result to the fœtus may be a more or less marked state of suffering or may be death.

Compression of the cord may be recognized during pregnancy or in the course of labor in a certain number of conditions:—

(*a*) Sometimes, and this is the most frequent case, the displaced cord takes an abnormal situation, which exposes it to the danger of compression.

(b) In other cases the compression is due to an abnormality of the cord itself.

I shall speak only of these two classes of cases, leaving to one side those altogether different cases in which the cord may be compressed in consequence of an operative procedure, as, for example, by the extremity of the blades of the forceps.

(*a*) COMPRESSION CAUSED BY AN ABNORMAL SITUATION OF THE CORD.—When the fœtus has, within the uterine cavity, its natural attitude, *i.e.*, when presenting by the head, it is curved upon itself, with its anterior plane turned toward the placenta, —the umbilical cord is found lodged in a space where it is protected from all compression; but, flexible and slippery, the funis is capable of displacing itself with the utmost facility, and a number of circumstances may favor these displacements. Under the influence of the movements of the fœtus, of an excess of amniotic fluid, of the rupture of the membranes, etc., a portion of the cord may insinuate itself between two resisting surfaces and receive a pressure more or less strong.

The segment thus displaced consists either of a pendent loop of variable length or wrapped around a part of the fœtus. Let us study successively these two varieties of displacement.

1. Displacements in the Form of a Loop. —These occur most commonly below, and bear the name, according to their degree, of procidentia or laterocidentia. They may, however, occur at other points, as when the cord slips between the back of the fœtus and the uterine wall, between one of the limbs and the trunk, etc.

Procidentia is the unseasonable descent of the cord in front of the fœtal part which presents. If this takes place while the membranes are intact we call it *procubitus*, and the prognosis is less grave than when the membranes are broken. It is an accident of labor which merits a separate description. I shall limit myself to speaking of it here as one of the most frequent causes of compression of the cord. Procidentia may be produced whenever the adaptation of the presentation to the pelvis is not perfect: on the part of the mother, the inequalities and especially contractions of the pelvis; on the part of the ovum, the presence of twins, the small size of the fœtus, a vicious presentation, descent of the limbs, an exaggerated length of the cord, a faulty insertion of the placenta, an abundance of amniotic fluid, and the abrupt rupture of the bag of waters,—such are the conditions in which it is usually observed. You have recently seen two cases, one a breach presentation, in which, unfortunately, the child perished; the other, a head first, in which the fœtus was saved by version.

Laterocidentia is the inclusion of the cord between the fœtus and the walls of the pelvis. In 1890 Dr. Pellisson described in his thesis under the name of "Unrecognized Procidentia of the Umbilical Cord" cases in which the cord is caught laterally between the head and the pelvis, and in which the diagnosis is often not made until the moment of expulsion. This is the first degree of procidentia. The title laterocidentia, employed for the first time by Professor Budin, is more exact, and should be preferred. Two species of mechanism may be invoked to explain this form of displacement. In the first, which was proposed in 1879 by Matthews Duncan, there is *expression* of the cord; the cord is pushed by the uterus from above downward upon the sides of the part of the fœtus which is engaged. This expression may, as was remarked by Tarnier, occur also from below upward, in cases where the cord is found near the presentation. In the second case, contrary to what happens in the first, the effect is favorable by relieving the cord from compression.

The second form of mechanism, upon which Madame Henry, chief midwife of the Maternity, has laid particular stress, is as follows: There exists around the neck a loose coil, and at the time of engagement a part of this circle constitutes a little loop which, under the influence of the uterine contractions, descends with the head, by which it is compressed. It is a case of this kind which I related to you at the beginning of this lecture.

A loop may also be compressed, as I have said, elsewhere than at the superior strait, —for instance, between the back of the fœtus and the uterine wall, when the amniotic fluid has escaped, when the uterus is contracted, when the ring of Bandl is narrowed, . . . or between two parts of the fœtus itself, between the thigh and the calf of the leg, or the thorax and the upper limb. Cases of this order are of less serious prognosis than the preceding, the compression of the umbilical vessels being less. I cite two examples which I have observed at the Charité. The first was the case of a primipara in whom the labor lasted thirty-three hours. The head presented in the occipito-posterior position. The bag of waters was artificially broken when dilatation was complete and the liquid gushed forth stained with meconium. The beats of the heart were somewhat relaxed. Owing to the energetic efforts of the woman the expulsive stage lasted but ten minutes. After emergence of the head, at the moment when the anterior shoulder was disengaging itself, it was seen to be accompanied by a loop of the cord. The coil was clasped between the shoulder and the uterine wall, imperiling the child, which, however, was delivered in good condition. The second case was that of a multipara in her sixth confinement, the head coming first. When the membranes were ruptured, which occurred with complete dilatation, meconium issued in abundance and at the same time the pulsation of the fœtal heart became slow and had a blowing sound. Almost immediately the child was born and when the trunk was expelled a loop of the umbilical cord was found to be compressed between the arm and the thorax of the infant, who at once began to cry.

2. Encircling Cord.—In consequence of the movements of the fœtus, the length of the cord . . . the latter may envelop one or several parts of the body, neck, trunk, or limbs, This occurrence is rather frequent. According to Veit Hecker, it is met with once out of four or five accouchements. Circles around the neck are the most common, and the vascular compression which they determine is very variable, in proportion as they are loose, moderately tight, or very tight, and also to their number.

I have already indicated the danger of loose circular folds which favor laterocidentia of the cord. Moderately tight circles are those which expose it least to compression; very tight circles, which are more rarely encountered, render difficult or may even suspend the circulation in the umbilical vessels. They occasion marks, grooves more or less deep, sometimes even ecchymoses, of the soft parts. Congenital amputations are attributed to them in some cases. When loops around the neck accompany a face presentation there may be compression between the occiput and the back.

The number of the circular folds likewise has a certain importance. There are rarely more than 3. Baudelocque, however, saw 7; Credé, in 1859, 8; the child was stillborn. Chantreuil, in his thesis for the *agrégé*, in 1875, has reported a case of Walvogel, who has also witnessed 8 loops: it was a shoulder presentation and in performing version 2 of the folds rolled off; the child was born living with the remaining 6. Müller cites in his "Treatise on Labor" a case in which 9 loops had been observed. Wydgodzki, of Wilna, published in 1875 a case in which the fœtus, presenting by the left shoulder, had 7 loops around the neck; the cord measured 1.68 meters (about $5^1/_2$ feet), and the child was stillborn.

In 1901 a secundipara was delivered in my service of a child whose neck was surrounded by 6 rings of the cord. The coils were quite tight. When the head was born one of the loops was divided and the others were disengaged. During the labor there had been escape of meconium and the heart-beats had become dull. Nevertheless the fœtus, which weighed 2400 grams (about 6 pounds) was scarcely in need of resuscitation, and cried almost immediately; the cord was 83 centimeters long (about $2^3/_4$ feet).

These different examples show that the death of the fœtus is not always produced by a large number of loops.

The prognosis of loops also varies according to the presentation. It is more serious in breech than in head presentations, because in the first case dragging upon the cord is added to the compression.

The cord is sometimes folded around the trunk or extremities of the fœtus and the loops may arrange themselves in a very complicated fashion. There have been cases in which the cord wound around the neck, then the trunk, then one or several limbs; the most various arrangements have been observed. In all these cases the danger to the child varies with the degree of constriction of the vessels.

Chantreuil computes that circular folds of the cord cause the death of the fœtus during labor 1 time out of 120 accouchements. Death may result not only from compression of the umbilical vessels, but also, when the cord is wrapped around the neck, from asphyxia due to pressure upon the jugular veins (Stein). The fœtus is sometimes strangled to death by circular loops during pregnancy, but the danger is greatest during labor.

(*b*) COMPRESSION FROM AN ANOMALY OF THE CORD.—These anomalies are of three varieties: knots in the cord, its exaggerated torsion, and the presence in its course of amniotic bridles.

1. *Knots of the Cord.*—These are not rare. Certain conditions favor their formation: great length of the cord, excess of amniotic fluid, and activity of the movements of the fœtus. There may be one or several. Sometimes the knot, instead of being simple, is complicated. Such was the celebrated knot which was observed by Baudelocque and to which his name has been given. In some cases of twin conceptions in which both babes are contained in the same amniochorial bag the two cords have become knotted together: M. Guéniot reported a case of the kind to the Academy of Medicine in 1880; the cords were interlaced and united; the babes were dead and macerated.

The question has been raised whether knots of the cord can cause sufficient pressure to bring about a state of danger or even death of the fœtus. On the ground of experimental injections of the funicular vessels, Tarnier admitted that one or two simple knots do not interrupt the course of the blood and that the circulation is arrested only by three tight knots. There are, nevertheless, some cases in which, with a single knot, the fœtus has succumbed.

There is, however, in this connection, an important distinction to be made between knots of recent formation and those which are old. Chantreuil had already remarked that the latter determined a deeper stricture of the cord and even atrophy, and an alteration of the walls of the vessels in their vicinity. These lesions were demonstrated histologically in 1893 by Professor Lefour, of Bordeaux, in the case of a dead babe which had a tight knot in the cord. He intrusted the examination to M. Coyne, who found that the vessels were flattened and their walls thickened; the lumen of the arteries and even of the vein was obliterated by coagulated blood and endothelial vegetations. More recently, in 1900, researches undertaken by Marchesi have shown that at the compressed points, in a knot of old formation, there are deformities of the cord, atrophy of Wharton's gelatin, and vascular alterations, and that in these conditions the fœtus may perish.

In the absence of these lesions can a single knot impede the circulation? Upon this point listen to the results of the researches and experiments of Professor Lefour. Injection of the vessels appeared to him to be open to criticism because of the strong pressure to which the injected fluid is subjected. Therefore, in order to ascertain the permeability of the vessels of the knot he substituted for injections a flow of fluid from two Mariotte flasks full of salt water and placed at a given height to establish an equilibrium between the normal intra-arterial and intravenous pressure of the cord (83 cubic centimeters—about $2^1/_2$ ounces—for the artery and 43 cubic centimeters for the vein, according to Ribemont-Dessaignes). Placed under these conditions he saw, as regards the umbilical vein, that a loose knot causes no embarrassment of the circulation; that a tight knot impedes the current; and that, finally, a tight knot, submitted to a pressure of 100 grams (about 3 ounces) nearly arrests it, while a pressure of 150 grams (about $4^1/_2$ ounces) suspends the circulation. In the arteries a loose or a tight knot had no effect; with a pressure of 100 grams, nothing; with 150 grams, only slight impediment. If, then, the pressure is augmented the knot becomes turgescent and unties itself, as Tarnier had already seen.

Replacing the Mariotte flask by the heart of a tortoise M. Lefour has never seen the circulation arrested in the cord until the knot was compressed by a weight of 500 grams.

The conclusion to be drawn from these facts is that if knots in the cord are often innocuous it is impossible to admit with Cazeaux that they never compromise the life of the child during the pregnancy. They can, indeed, cause death: (1) when the knot is very old, when the vessels are thrombosed and their walls altered; (2) when the knot is tight and also subjected to compression, the fœtal heart only being able to overcome the obstacle when its contractile power is very much superior to the resistance which the blood encounters at the point of compression.

2. Extreme Torsion of the Cord.—Normally the cord is twisted 70 times out of 100 from the right to the left and 30 times out of 100 from the left to the right, and the arteries describe around the vein one, two, or three complete turns. This torsion, however, may be augmented and its excess exerted upon part or the whole of the circulation of the cord.

When the torsion, although more accentuated than the normal, is not too much increased, it has no effect upon the fœtus. I will give you an illustration. In September, 1901, there entered the Charité a woman in labor, having a presentation of the right shoulder. Version permitted the extraction of a living child which weighed 3610 grams (nearly 9 pounds), the cord of which, 1 meter long (a little more than a yard), presented, in addition to a knot, numerous spiral turns; none of these anomalies had harmed the child. It is not the same when the torsion is considerable. Cases have been cited in which the cord had 30, 60, 80, or 95 spiral turns; it is sometimes twisted like an actual packthread, and the fœtus generally succumbs in consequence of the compression to which the umbilical vessels are subjected.

3. Amniotic Bridles.—Compression and strangulation of the cord is, in very rare instances, due to amniotic bands. In the thesis of Clement, in 1900, the principal cases are collected. There are 2 cases of Braun's, which date from 1854 and 1865; 1 case of Pinard and Varnier's, in 1890, represented in their atlas; 1 of Couvelaire's, published in March, 1900.

The bridle is either large, as in Braun's cases, or narrow, as in that of Couvelaire. It follows that compression is made upon a large surface or, on the contrary, is linear. In all the cases recorded the children died, either during pregnancy or labor (Couvelaire) or immediately after birth (Braun).

DIAGNOSIS OF COMPRESSION.—*1. During Pregnancy.*—It is very difficult to determine during this period. We may suspect that the cord is compressed when there is a loop around the trunk, and, the back of the fœtus being turned to the front, we can feel by palpation the cord roll under the finger between the abdominal wall and the back, when the pressure of the stethoscope produces at that point a funicular souffle, and, finally, when the fœtus shows signs of danger: retarded and irregular pulsations. Most often, however, there is nothing upon which to base a diagnosis, and the child dies without the cause being known.

2. During Labor.—In the first place, we observe that the heart-sounds are accelerated and then retarded, dull, and irregular, and that the fœtus loses meconium. These signs only indicate that the fœtus suffers, but do not prove that there is compression. Touch alone permits us to recognize a procidentia or laterocidentia; circular loops will be diagnosticated by manual touch.

In a general way, the diagnosis is almost always uncertain, particularly when there is an anomaly of the cord.

PROGNOSIS.—This is sometimes favorable and at others serious, and, as the life of the fœtus may be placed in danger, the prognosis varies with the cause of the compression. It is more grave in cases of anomaly of the cord than when there are displacements which it is sometimes possible to remedy.

TREATMENT.—*1. During Pregnancy.*—We can do nothing. I only know of the case of Charrier, published in 1866, in which there was intervention for the purpose of saving a child from death by compression of the cord. Charrier had attended, in her second pregnancy, a woman whose babe had succumbed at 8 1/2 months and was born with three circles around the neck. This woman became *enceinte* a third time. At 8 1/2 months she felt violent and tumultuous movements of the fœtus; presently these struggles ceased. Upon auscultation the sounds of the fœtal heart were blowing and slow. Charrier immediately induced labor. The child passed meconium during the labor and was born in a state of asphyxia. There were three rings of the cord around the neck, a coil around the trunk and the left thigh. The cord was a meter in length. The child was resuscitated and survived.

Notwithstanding this fortunate result we cannot advise imitation of the conduct of Charrier, for the provocation of labor does not eliminate the accidents of compression which may occur during that process.

2. During Labor.—I resume briefly what concerns procidentia of the cord. If the membranes are intact, they must be respected in order to preserve them, as far as possible, until dilatation is complete. We should be very shy of any attempt at reduction, which might result in rupture of the membranes. The better plan is to favor the spontaneous reduction of the procubitus by placing the trunk in a sloping position; that is to say, by having the patient assume the lateral decubitus or the knee-elbow position. If the membranes are broken we govern ourselves according to the condition of the neck of the womb.

Previous to complete dilatation the expectant plan is indicated if there are no signs that the fœtus suffers. If such signs are manifested, however, we must endeavor to reduce the cord,—that is, to replace it within the uterus,—either by the hand introduced within the vagina or by means of instruments called retropulsors; the position of the mother is not a matter of indifference, and we will generally have more success in our attempts to reduce the cord when the mother is in the genu-pectoral position. When we are unable to replace the cord we must have recourse to a methodical and rapid delivery, namely: dilate the cervix rapidly, preferably by the hand, and terminate the accouchement. When dilatation is complete the only rational treatment is to terminate the case either by the forceps or version, according to circumstances.

When a laterocidentia is recognized and the fœtus is in danger it is necessary to complete the dilatation of the cervix if that has not advanced far enough to permit application of the forceps. In applying the instrument we must be careful not to pinch the cord between the blades. In case of circular loops the ancients endeavored to unroll them within the uterus or even to divide the cord. Since Roederer (1765), we only intervene when the head is being disengaged. We then attempt to slip the coil over the head. If that cannot be done the loop is pushed back upon the trunk as that emerges. In the last case it is possible, as Rivière has shown, to facilitate the passage of the trunk across the loop by disengaging successively the arms.

When the coils are too tight it will be necessary to divide them between two ligatures or two clamps and extract the babe with all possible speed.

In other cases, where we only suspect compression of the cord, we should proceed as we do in all cases where the life of the fœtus is endangered, namely: bring the labor to a rapid end after having dilated the neck, if that had not already been done by the process of Nature.

Original Communication.

DISEASES OF THE EAR, NOSE, AND THROAT OF SCHOOL CHILDREN.

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Some idea as to the hearing capacity of a child can be obtained by noting the distance at which he hears words spoken in a loud whisper; the so-called stage whisper, which should be heard in a still room at about 20 feet. Each ear should be examined separately, the child being instructed to stop up the ear that is not being tested tightly with a finger. The examiner then requests the child to repeat after him certain familiar words, like "man," "house," "cat," etc. If these words are not readily heard at a distance of 20 feet, the examiner gradually approaches the child until the words are heard and repeated promptly. The results of the examination may be recorded for future reference in the form of a fraction in which the denominator is the distance at which the child should hear the whispered words, and the numerator the distance at which he actually does hear them. For example: Hearing, Right Ear, $^{10}/_{20}$, when recorded opposite the name of a child indicates that with the right ear the child hears only at 10 feet whispered words that he should readily hear at 20 feet.

By this method the acuteness of hearing of a large number of children may be rapidly tested by arranging, say, twenty of them in a semicircle around the examiner at a distance of 20 feet. The examiner then explains the method of testing the hearing to all these children at one time and proceeds to examine the hearing of each in turn by means of the whispered test words, requesting those with evidently imperfect hearing to step aside for more careful examination later on. By this plan it is possible to rapidly select from a large number of school children those with imperfect hearing.

The watch is sometimes used as a means of testing the acuteness of hearing. It is not the best test, because individuals are frequently met with who hear spoken words much more distinctly than they do the tick of a watch; and the opposite is occasionally the case, especially in children. Also some watches tick louder than others, and, before using a watch for testing the hearing, it is therefore necessary to determine the distance at which its tick can be heard by a normal ear in a still room. This for the larger number of watches is about 40 inches.

Testing the acuteness of hearing with the watch is done in the following manner. The child is first blindfolded by tying a handkerchief over the eyes, because many children imagine that they hear a watch if they see it; and their answers therefore will be unreliable if they are allowed to see the watch when it is held close to their ear. Also it is well from time to time while making the examination, to place the watch behind the examiner's back and ask the child if he still hears it; in order to determine if he is paying attention and his previous answers as to whether he hears the watch are reliable. Before making the examination the watch is wound up, because some watches tick somewhat faintly when nearly run down. The watch is first placed close to the child's ear, and, if he hears it, is then removed to a distance greater than that at which the watch can be heard. The watch is now gradually approached toward the ear under examination and the child is requested to state when he first hears its tick. If this is at 40 inches or more, the child's acuteness of hearing is, of course, normal, while if the tick of the watch is first heard at a distance less than 40 inches,—say 20 inches,—the results of the examination may be recorded in the form of a fraction. For example, the record opposite a child's name—Hearing. watch, Right Ear, $^{20}/_{40}$—would signify that the child heard a watch tick at 20 inches when he should have heard the tick of the watch at 40 inches if his hearing had been normal.

Children slightly hard of hearing have certain peculiarities that should be recognized by the teacher. When straining their attention to hear, they frequently sit with their mouths partially open; which gives them a somewhat stupid expression. The reputation for stupidity is further increased by the slow and imperfect manner in which they hear questions; hence the slow and hesitating way in which they answer. They become sensitive, and suspect that those who talk before them in so low a voice that they cannot hear are saying something detrimental to them. They are frequently thus rendered unhappy, and try to conceal as far as possible their auditory inaccuracy.

The early stages of many forms of deafness are subject to frequent exacerbations; generally as the result of taking cold; so that partially deaf children will frequently hear much worse for a few days than at other times. On damp days, all individuals hear more imperfectly than when the air is cold and dry. This is because dry, cold air conveys sounds better than light, damp air, and has nothing to do with the condition of the ears. In individuals with normal ears, the fact that the hearing is less acute on damp days generally passes unnoticed; because the hearing is always more than sufficiently acute for ordinary purposes of conversation; but in individuals slightly deaf, the impairment of the hearing on damp days is often sufficiently great to cause them decided discomfort and embarrassment. When the hearing is only slightly impaired, a child will sometimes hear conversation addressed to him sufficiently well for ordinary purposes, but finds it impossible to hear anything that is said when several persons are talking at the same time. This condition is probably due to impairment of the muscles of the middle ear, which in the normal ear instantly and automatically supply the proper amount of tension to the structures of the tympanum to convey sounds of various pitch to the internal ear.

A child slightly deaf should be seated as near as possible to the teacher and away from a window and out of a draft, as such children are usually very sensitive to cold, and each cold that they contract renders their hearing noticeably worse. The teacher should also treat slightly deaf children with great consideration: remember how sensitive ordinarily they are as to their misfortune. She should speak to them in a slow and distinct, but not necessarily a loud, voice, and bear in mind that, when the answer of a child is slow and hesitating, it may be due to impaired hearing, and not to inattention, lack of study, stupidity, or moroseness.

There are three very common causes of deafness. About 17 per cent. of the cases that apply for relief of deafness to the ear dispensaries of our large hospitals are deaf as the result of accumulations of impacted earwax. However, this condition is probably somewhat more common in adults than children. The cause of the accumulation is picking and scratching the ears with the finger tips or a pin and efforts to cleanse the inside of the ear by thrusting into it the corner of a towel or napkin. Any or all of these habits thrust deep into the ear dried wax and dead epithelial scales that otherwise would drop out of the ear. The prominent symptom of impacted earwax is sudden deafness without pain or other symptoms of inflammation. The sudden deafness is because, as long as there is a minute space around or through the accumulating plug of earwax, it is sufficient for conveying sound waves; but if this minute space be closed by a drop of water, for example, on a rainy day, the hearing suddenly becomes greatly impaired. The hearing, of course, is easily restored by simply removing the accumulation.

A far more common cause of impaired hearing in children is suppuration of the middle ear or drum cavity. The prominent symptom besides the impaired hearing is a discharge from the ear. In neglected cases this discharge is very offensive, and may be sufficient to pollute the atmosphere of a small school room. Chronic suppuration of the middle ear is sometimes the result of scarlet fever, and it should be borne in mind that, when this is the case, the contagion of the disease lingers in the discharge from the ears for several weeks after all symptoms of the disease have disappeared. It is hardly safe, therefore, for a child with discharging ears resulting from scarlet fever to be admitted into the school until five or six weeks have elapsed after the recession of the disease. The same is probably true of discharging ears resulting from measles and small-pox.

A discharge from the ear may originate from some disease of the auditory canal, but such cases are comparatively rare; so that, when there is a chronic discharge from a child's ear, it may be taken for granted, with little chance of error, that the discharge flows through a hole in the drumhead and originates from the interior of the eardrum. When in such a case the ear is plugged with accumulated discharges, the hearing is, of course, very imperfect, for the same reason that an individual is deaf from an accumulation of wax or other material in the ear; but, when the discharge is scanty and does not accumulate, the hearing of some of these cases is not greatly impaired; for, contrary to the general impression, the drumhead is not an important structure as regards hearing and a large perforation may exist in it without the hearing being seriously impaired. Cases of chronic suppuration often yield quite rapidly to treatment, at least as far as a recession of the discharge is concerned; other cases are very tedious, and a few only get well as the result of operative intervention. In the fortunate cases the hole through the drumhead closes, leaving a scar, and the patient is protected against recurrent attacks of the disease. In other cases, although the ear ceases to discharge, there remains a perforation through the drumhead; and though the hearing may be very good indeed, yet, because the perforation through the drumhead permits the entrance of cold and dirt, such individuals are subject to recurrent attacks of inflammation of the middle ear.

A very large proportion of the cases of impaired hearing among school children is the result of chronic or subacute catarrh of the middle ear. Early stages are readily curable, especially in children. These diseases commonly result from exposure to cold, especially in children who have some chronic disease of the nose or throat, or both, as a predisposing cause of the ear disease. It may be laid down as a general rule that most diseases of the ear are caused or made worse or prevented from getting well as the result of some disease of the nose or throat.

Among the more common of the diseases of the nose and throat that are capable of causing deafness is chronic hypertrophy or enlargement of the pharyngeal tonsil, or "adenoids." It should be borne in mind that there are four tonsils in every normal throat. These are the two glandular structures in the throat, popularly termed the tonsils; the third tonsil, which is situated in the vault or upper part of the pharynx just back of the nose; and the fourth tonsil, located at the root of the tongue. These structures are made up of "adenoid" or glandular tissue and are *constant* structures in every healthy throat. Only when diseased or enlarged are they in any sense abnormal. When the *faucial* tonsils are hypertrophied, they cause impaired speech. The voice is "thick" and disagreeable. A child with hypertrophied tonsils is sometimes said "to talk as if his mouth was full of mush." More rarely breathing is interfered with and disease of the ears caused. When the third tonsil is enlarged, because of its situation back of the nose, it projects over the posterior nares or openings of the nose into the throat and interferes with nasal breathing. A child with hypertrophy of the third tonsil (or "adenoids" as the disease is more frequently called) breathes with his mouth partially open. His voice has a peculiar nasal sound. "Adenoids" are probably the most common cause of deafness in children, and the presence of these enlargements is said to cause the deformity of the chest sometimes called "pigeon breast," and otherwise interfere with a child's physical and mental development.

However, it must not be supposed that every child who is a "mouth breather" has "adenoids." It has been pointed out that many deaf people, when they are straining their attention to hear as acutely as possible, invariably open their mouths and sit open mouthed for considerable periods at a time. Many a child is wrongly accused of having "adenoid" because of his inability to breath through his nose resulting from accumulated mucus. In such cases, after the nose is "blown" and its mucus removed, the inability to breathe through the nose disappears and the child breathes quietly and easily with its mouth shut. Moreover, it should be borne in mind that any disease of the nose that interferes with the entrance of air into the nose will cause mouth breathing, and hence every child that breathes with its mouth partially open is not doing so as the result of enlargement of the pharyngeal tonsil, or "adenoid."

As the third tonsil is one of the normal structures of the throat, it should be operated on and the redundant portion removed only when chronically hypertrophied or enlarged sufficiently to interfere with nasal breathing; or the hypertrophy is so situated as to interfere with the proper ventilation of the ears through the Eustachian tubes and hence causes frequent attacks of earache and deafness.

The pharynx or that portion of the throat back of the root of the tongue may become acutely inflamed as the result of a cold. The disease is termed pharyngitis, or popularly "sore throat." When the tonsils bear the brunt of the attack, the disease is termed tonsillitis, or "quinsy." Tonsillitis sometimes results in the formation of an abscess in the cellular tissue about the tonsil. This form is more common in adults than in children. The tonsils may become infected by bacteria of various kinds. The variety of tonsillitis called "follicular" is caused in this manner. It is an infectious, but not a contagious, disease. If the tonsils be inspected early in the disease it will be observed that little, white masses project from the mouths of the follicles that exist in all tonsils. These little white masses grow larger and larger as the disease progresses until the tonsil appears as if covered by a false membrane. This false membrane somewhat resembles the false membrane of diphtheria, although readily distinguishable from it by the appearance alone, except in a few instances. In these doubtful cases the distinction between the two is most readily made by means of a microscopical examination of "cultures" from the false membrane. The false membrane of diphtheria contains the bacillus of diphtheria.

However, it is well to bear in mind that occasionally diphtheria runs a very mild course; so that the child hardly feels sick enough to take to its bed. These so-called "walking cases" of diphtheria frequently present themselves in physicians' offices and it might happen that a child with diphtheria would attend school for days without the nature of its disease being discovered. These walking cases of diphtheria are contagious and may cause the disease in its most virulent form in other children. Therefore every sore throat in a child attending school should be looked upon with suspicion and the attention of an expert directed to the child as soon as possible. Rarely mild forms of diphtheria attack the nose of children without involving the throat. Under such circumstances one or both sides of the nose contain a false membrane which on examination is found to contain the deadly bacillus of diphtheria. Fortunately such walking cases of "primary nasal diphtheria" are rare, but no doubt they play their part in spreading the contagion of diphtheria.

Sometimes a child in a spirit of mischief will insert some foreign body, like a wad of paper, a pebble, or a seed, into his own nose or ear or that of a companion. A small foreign body in the ear may remain for months or years without causing any symptoms whatsoever. For example, there are numerous cases where pebbles or hard seeds like cherry stones have been removed from the ear in adults that were placed there in childhood and forgotten. Of course, if the foreign body is of such a character, like a soft seed, for example, that it will swell from the heat and moisture of the parts, this swelling will cause pain, and the foreign body should be at once removed by an expert. Attempts to remove a foreign body from the ear by the uninitiated often cause more mischief than if the offending substance were let alone.

A foreign body in the nose within a few days causes inflammation and discharge, and this discharge will continue for weeks and months or until the foreign body is removed. Hence a "one-sided" discharge from the nose in a young child is always suspicious of the presence of a foreign body as the cause of the disease.

Children are subject to various forms of nasal catarrh. The most common is characterized by an increased discharge of mucus from the nose and difficulty in breathing through one or both sides of the nose. Sometimes the discharge flowing over the upper lip produces sores and scabs. Carious teeth and most of the diseases of the mouth or throat sometimes produce enlargement of the glands of the throat, especially in tubercular children. The condition is somewhat easily cured in the majority of cases.

Occasionally children are met with who have an offensive discharge from the nose. It is sometimes difficult to determine without inspection whether an atrociously bad odor originates from a discharging ear or from the nose of a child. In either case the discharge may be indescribably fœtid and sufficiently penetrating to render disagreeable the air of a comparatively large room. The most common cause of "ozæna" or malodorous discharges from the nose in children is purulent rhinitis., A bad-smelling discharge sometimes results from the presence of a foreign body in the nose, or some constitutional disease resulting in disease and death of the bone within the nose.

Hæmorrhage from the nose is common in boys as the result of injury. In such cases the bleeding sometimes quickly stops when the child sits with his head erect, and in no case should he be allowed to bend his head forward over a towel or basin, as that posture favors the continuance of the bleeding. In severe cases it is permissible to insert a pledget of absorbent cotton, preferably saturated with vaselin, as far into the nostril as possible in order to check the hæmorrhage until the arrival of a physician. Such cases require medical inspection, as a comparatively slight injury to the nose sometimes causes deviation of the nasal septum, which if attended to at once will prevent much discomfort in after life.

An Alpine Research Station.—Professor Mosso, of Turin, and Signor Pagliani, the President of the Italian Alpine Club, have selected a site on Monte Rosa at a height of 3000 meters for the erection of an Alpine research station. It is hoped that it will be in working order in 1906.

Abstracts.

Adenoid Vegetations and Albuminuria.

G. Carrière has on several occasions observed the coexistence of albuminuria and adenoid vegetations. An enormous microbian growth occurs in connection with these vegetations. The microbes which live in the anfractuosities may pass into the current of the circulation and secondarily infect the organism or secrete toxins. In both cases the kidney is irritated.

When albuminuria is found in a child and can be explained in no other way it is well to remember that it may depend upon the presence of vegetations. It may even be asked if certain cases of nephritis of which the cause is not obvious have not been produced by overlooked vegetations.—La Tribune Médicale.

Spontaneous Enucleation of Fibromata through the Vagina in Consequence of Electrolysis.

At a meeting of the Society of Internes of Hospitals M. Chabry spoke of a very large fibroma cured by this means, already signalized by Apostoli. It was enucleated spontaneously after six *séances* with several days' intervals. The separation took place without fever or pain. The uterus resumed its normal size. The diagnosis had been made by M. Landrieux, physician to the Hospital Lariboisière, who had earnestly advocated surgical intervention.—La Tribune Médicale.

Scleroderma with Atrophy of the Face and Ulceration of the Tongue.

At a meeting of the Medical Society of the Hospitals M. Antony exhibited a patient, a man of 42 years, afflicted with scleroderma. This disease, very rarely seen in the military sphere, had begun sixteen years previously in consequence of an attack of polyarticular rheumatism. The trouble had progressed steadily notwithstanding a visit to the thermal springs of Amélie, Bourbonne-les-Bains, and Dax. At present it seems to be in the way of improvement as a result of message and galvanic baths, three times a week with a current of 5 milliampères.—Le Progrès Médical.

Facial Paralysis following Mumps.

At a meeting of the Medical Society of the Hospitals M. Dopter reported the case of a patient attacked by mumps and resultant orchitis in the course of which he presented a peripheral paralysis of the left side of the face with right-sided hemiplegia of the velum palati and the tongue as well as mydriasis of the left side.

Lumbar puncture revealed the existence of a considerable quantity of leucocytes in the encephalo-rachidian fluid, a manifestation symptomatic of an actual lymphocytic meningitis. This strong meningeal reaction probably explains the pathogenesis of the nervous troubles. The meningeal inflammation may have propagated itself along these sheaths to the nerve-trunks and produced lesions of their fibers. Some of these may have been spared. The paralyses thus caused are, therefore, dissociated like those witnessed in tuberculous or other varieties of cerebro-spinal meningitis.

This case may perhaps throw light upon the genesis of certain troubles described as effects of the infection of mumps, such as optic neuritis, deafness, paralysis of the rectus internus, mydriasis, etc.—Le Progrès Médical.

Syphilitic Appendicitis.

At a meeting of the Society of Internes of the Hospitals of Paris M. L. Jacquet stated that the term employed by M. Wassilief in a preceding communication is, in his opinion, improper. It is, in fact, the title given by Professor Gaucher. The latter speaks of the etiology; M. Wassilief, on the contrary, of the symptomatology. The speaker would prefer the term syphilis of the appendix, which would distinguish it from the view of M. Gaucher, from whom he differs much. This designation would be more logical and more strict. The opinion of M. Gaucher, has, moreover, met with a great deal of incredulity in the medical world. It has been said that if he had observed so much evidence of syphilis among those attacked by appendicitis it was because he had a hospital service and a clientele in which syphilitics abound. The cases of appendicitis which the speaker has seen in his medical horizon are not syphilitic. He had recently treated a typical case which witnessed against the teaching of M. Gaucher. The father contracted syphilis three years previously; his son, 20 years of age, also acquired syphilis in the same year. Two years ago he was attacked by appendicitis and underwent an operation. Here was a case in which there could be no error, for the mother was beyond suspicion.—La Tribune Médicale.

Appendicalgia from Ovarian Traction.

At a meeting of the Society of Internes of the Hospitals of Paris M. Demars reported the following interesting case: In a patient presenting signs of enterocolitis and appendicitis he had found a cord which bound the ovary to the appendix. The ovary was cystic, increased in size, with complete adhesion to the Fallopian tube. The appendix presented no inflammatory lesion, but was long (14 centimeters; $5^1/_2$ inches). The result of the operation was excellent.—La Tribune Médicale.

Delirium of Pregnancy with Muco-membranous Enterocolitis.

At the Fourteenth Congress of French-speaking Alienists and Neurologists M. Ch. Miraillé, of Nantes, reported the following cases:—

1. A case of delirium of pregnancy, followed by the delirium of internal zoöpathy associated with muco-membranous enterocolitis. The woman was the mother

of a family and 53 years of age. Each period of amelioration of the enterocolitis caused a diminution of the delirious ideas.

2. Two cases of delirium of pregnancy in patients affected with muco-membranous enterocolitis.

Comparing these cases with those of Bechterew (delirium of possession by reptiles), of Dupré and L. Léri (delirium of internal zoöpathy), M. Miraillé insists upon the importance of muco-membranous enterocolitis as a point of departure for the delirium of possession. The exact subjective sensations perceived are interpreted in a delirious and absurd manner by a predisposed person. The same sensations may give rise to the delirium of pregnancy. Finally, there is an intimate etiological relationship between these two forms of delirium which may have the same origin or even succeed each other. Properly understood these forms of delirium of possession and of pregnancy appear only in predisposed individuals. It is probable also that other abdominal affections, as of the uterus, ovaries, etc., may, in predisposed persons, give rise to the same form of delirium.—Le Bulletin Médical.

Acute Optic Neuromyelitis.

Brissaud and Brécy describe the case of a boy of 16, who for four days had suffered violent pain in the head, had had progressive amblyopia and paralysis of the lower limbs. The encephalo-rachidian fluid contained blood-cells and lymphocytes. Sixteen days after the beginning of the trouble the symptoms were accentuated, and the patient died with an assemblage of medullary disorders (disturbances of speech, deglutition, and respiration).

No special lesion was discovered at the autopsy. Histological examination, however, revealed changes, especially about the vessels, which were surrounded by a mass of large, round, and polyhedral epithelial cells. They were situated in the dorsal and cervical cord and the medulla. The infiltration was more diffuse in the anterior cornua and the lateral columns, more or less destructive of the axis-cylinders and their myelinic sheath. The optic nerve was profoundly implicated both in its cranial and intra-orbital portion. The lesions consisted particularly of a marked proliferation of the cells of the neuroglia and an actual cast of the nervous fibrillæ. In fine, the case was one of those so well distinguished by Devic of acute myelitis with double optic neuritis. It resembled those described by Achard and Guérin, Weill and Gallavardin, but differed from them in the rapidity of its evolution, which permitted the authors to study the lesions in an early stage. The case was an endothelitis of the perivascular sheaths caused by an infection of indeterminate nature and generalized almost exclusively in the central nervous system.—La Tribune Médicale.

Evolution of Tabetic Amaurosis.

Pierre Marie and André Léri write that patients estimate differently the date at which they became completely blind. Some consider themselves blind when they can distinguish not only light, but also objects, counting from the time when they can no longer perceive forms or colors. Others, on the contrary, pretend to see when they can scarcely recognize day from night. Intelligence is a capital factor in the appreciation by patients of the degree of their blindness.

The amaurosis develops according to two periods; in one the evolution is acute, occurring within some months or two or three years at the most, during which time the patient entirely loses distinct vision, has no perception of the color or form of objects. A second mode of evolution is essentially chronic, occupying at least three to five years and generally much more, even thirty years, during which the subject preserves the perception of light by day and often of artificial light and sometimes can see the shades of objects. This evolution appears logical if we consider that, the luminous impression, being perceived by all of the retina, will be recognized if only a few fibers are preserved. Now, once the acute period is passed the optic fibers remain intact for a time which is often very long.—La Tribune Médicale.

Cerebral Hæmorrhage in a Twelve-Year-Old Boy.

MM. Gallavardin and Jambon have written of the case of a boy who had had five attacks of chorea in as many years and who was suddenly stricken by apoplexy. After several hours of coma he was left with complete right-sided hemiplegia and aphasia.

Seven days afterward there was a second apoplectic stroke followed by generalized contractures, Cheyne-Stokes respiration, etc. Death occurred two days later in coma with elevated temperature. The autopsy revealed two classes of lesions: cerebral and cardiac. In the left hemisphere the Sylvian fissure was obliterated by a large clot, puriform in its center. All the central part of the right hemisphere had been destroyed by a profuse hæmorrhage. Its ventricles were inundated and fused beneath the pia mater of the cortex. The mitral valve was the seat of an endocarditis with huge vegetations, unrecognized during life, but which had produced infarcts of the kidneys and spleen. Clinically and anatomically this cerebral hæmorrhage was like that of an old person, but on account of concomitant circumstances the mechanism of its production was obviously quite different and may be compared to the effect of an embolic aneurism. The emboli of infectious endocardial origin may, as modern investigations have shown, in addition to obliterating a vessel, provoke infection of its wall, which ulcerates and is followed by an aneurismal dilatation, the rupture of which occasions hæmorrhage. In the case of MM. Gallavardin and Jambon both hemispheres showed precisely both lesions, so different of aspect, so nearly related nevertheless, which septic embolism may cause: beginning softening from arterial obliteration on one side, cerebral hæmorrhage from embolic aneurism on the other side.—La Tribune Médicale.

Auricular Vertigo with Rare Symptoms.

At a meeting of the Austrian Society of Otology M. Barany showed two patients suffering from vertigo of special character, which up to the present time he had only observed in nine cases. The first patient had a chronic purulent otitis of the right side and a dry perforation of the left. There was beginning involvement of the labyrinth of the right side. The head was turned to the left and forward. The second patient suffered from a bilateral purulent otorrhœa. The left labyrinth was manifestly attacked. The head was carried forward and to the right. When the patients were standing both turned the head from the healthy side. They declared that they had no vertigo in that position. Adler, of Breslau, had reported similar cases in 1897. The author believed that there was disease of the ampulla (otoliths).—Revue Hebdomadaire de Laryngologie, etc.

Reflex Inspiratory Dyspnœa.

M. Ahrent has recorded the case of a man, 50 years of age, who suffered for three months with very distressing respiratory trouble which disappeared as soon as he lay down, returned when he arose, and was aggravated when he walked. Inspiration had a spasmodic character and was slow. It was accomplished after an exaggerated effort of all the muscles of inspiration, while expiration took place normally and without the slightest difficulty. There was no abnormality of the lungs or heart. As regards the upper respiratory passages nothing was found except in each nasal fossa a spur of the septum in contact with the inferior turbinated bone, but which caused no obstruction. Although the dyspnœa bore no resemblance to that of asthma and was not relieved by potassium iodide and morphine, the author nevertheless could not but think that the case was one of reflex asthma of nasal origin and due to the spurs on the septum. He decided to remove these, and had the satisfaction of seeing the dyspnœa disappear completely immediately after the operation, and it did not return.—Revue Hebdomadaire de Laryngologie, etc.

Latero-pharyngeal Abscess following Furuncle of the Neck.

M. Ricard has described the case of a girl, aged 19 years, the victim of secondary syphilis, and suffering from multiple furuncles of the back of the neck, the face, and the chin, and in whom developed a latero-pharyngeal abscess of the left side, with marked dysphagia, severe pain, nasal voice, and slight trismus. After incision the abscess rapidly healed.

The author remarks that furuncle of the neck or face has never been cited as an etiological factor of such an accident. The patient was also syphilitic, and, as Professor Fournier has shown, retro- or latero-pharyngeal abscess is not rare in such patients. The specific involvement of the glands predisposes to suppuration, and the least inflammation in the vicinity leads to a rapid formation of abscesses. It is perhaps for this reason that the patient, infected by a staphylococcus, was afflicted with the pharyngeal abscess.—Revue Hebdomadaire de Laryngologie, etc.

Lipoma of the Tonsil.

Dr. G. Finder, of Berlin, has written of a case upon which he operated. Upon section, however, it was found that the growth did not originate in the tonsil itself, but in the depression which lodged the gland. He is of the opinion that in cases of lipoma of the tonsil heretofore published the authors give only a vague indication of the situation of the tumor, and concludes that they do not always arise from the substance of the tonsil,—a circumstance which much diminishes their interest from the point of view of development.—Revue Hebdomadaire de Laryngologie, etc.

Chronic Purulent Otitis and Cerebral Tubercles.

Dr. Schulze compares two cases from the Halle Clinic with that of Haike. In the first case both sinuses were curetted and in the second the temporal lobe was punctured in all directions without finding the abscess which was suspected to exist, and the question of cerebral tumor had not even been raised. Only an autopsy assured the diagnosis in revealing the presence of large tubercles in the optic layers, upon the base of the brain, together with more recent miliary agglomerations along the vessels of the fissure of Sylvius. These examples of coexistence of tumors of the brain and suppuration of the ear are rare and seriously embarrass the diagnosis. In fact, whenever there are severe cerebral symptoms in the course of a chronic suppurative otitis we think of cerebral abscess and the thought of possible existence of a tumor never enters the mind. The case cited, however, furnishes some diagnostic points.

When the fundus of the eye is attacked we should think of a tumor because a growth is more frequently than abscess complicated with typical optic neuritis.

Although cerebral abscess is not always accompanied by fever, we may say that an abscess causes a rise of temperature which is absent in tumor.

The evolution of a tumor is marked by periods of calm or even of complete remission.

The question of etiology is of great importance. An abscess is probable when there is a suppurating wound of the hairy scalp or head, traumatism of the skull, etc., and, above all, when there is a chronic suppurative otitis. In the last condition, when the labyrinth is near, the diagnosis of cerebellar abscess is made.—Revue Hebdomadaire de Laryngologie, etc.

Neuritis and Optic Atrophy in Facial Erysipelas.

At the French Congress of Alienists and Neurologists a paper was read by Dr. Cabannes, of Bordeaux, who said that erysipelas of the face may, in some exceptional cases, be accompanied by lesions of the optic nerve. He had recently observed a case of optic neuritis following erysipelas in which there rapidly developed an atrophy with absolute loss of vision of the corresponding side. A number of cases of the kind have been published by Despagnet, Galezowski, Knaff, Nettleship, Parinaud, Pagenstecher, Ramirez, Ripault, etc. The clinical reality of the optic lesion (neuritis or atrophy) in the course of facial erysipelas is without doubt. The pathogenic mechanism of this complication is still the subject of some controversy. Some, as Carl, for example, think there is always direct atrophy of the papilla without antecedent neuritis. Others, more numerous, consider that the atrophy follows neuritis. The author includes himself in the last class. His explanation of the facts is: Facial erysipelas acts upon the optic nerve by reason of its proximity, through propagation of the inflammation to the cellular tissue of the orbit, of which the lesions (orbital cellulitis) extend themselves consecutively to the periphery of the optic nerve. This cellulitis, which may, in rare instances, cause a genuine abscess of the orbit, generally remains in a state of plastic inflammation, characterized clinically by a slight exophthalmos. It acts particularly by compression upon the contents of the orbit and especially upon the optic nerve. He believes that this compression of the nerve, to which are necessarily added inflammatory symptoms by propagation, explains all the clinical forms, according as mechanical or inflammatory lesions predominate in either one of the two weak points of the nerve: (*a*) its entrance into the eye, where it is compressed by the sheath of the sclerotic; (*b*) its emergence from the optic foramen where it is surrounded by a bony ring.

(*a*) In the first class there are very distinct clinical phenomena, papillitis with or without œdema, tortuous and congested veins, sometimes thromboses, filiform arteries, in some instances hæmorrhagic effusions of the adjacent parts of the retina (along the veins). Ultimately there are signs of postneuritic atrophy, with its known characters. In this form the blindness supervenes very speedily and is generally permanent.

(*b*) In the second category optic atrophy occurs without evident neuritis or papillitis. The optic nerve is whitened, excavated, its papillary or retinal vessels are unaltered; neuritis really exists, but it is at the optic foramen, and the dominant feature here relates to compression of the nervous fibers which obscure the inflammatory symptoms. Clinically we find either a more or less concentric contraction of the field of vision or a central scotoma with all the ordinary signs of retrobulbar neuritis.

The classical theories, old and new, may, therefore, notwithstanding their apparent divergence, be harmonized in the same pathogenic explanation. The ophthalmic appearance of the papillitis depends solely upon the point in the course of the optic nerve more particularly attacked (entrance into the eye, passage through the optic foramen).—Le Progrès Médical.

Trismus or Contraction of the Jaws in Actinomycosis.

Dr. Poncet, in describing two cases of actinomycosis of the jaw from the temporal articulation to the angle, insists upon the importance of precocious trismus as a diagnostic sign of that disease. The history of these patients is characteristic. The trouble began with pain and inability to separate the teeth. Until recovery the constant contraction of the jaws persisted. It was sometimes worse and sometimes better, according to the extent and depth of the lesions and the production of new abscesses, but was not dependent upon the pain and did not vary in accordance with the pain or the inflammatory symptoms. The author has, in fact, several times observed, with almost indolent actinomycosis, a very marked contraction of the jaws, due to a serous band resembling an old abscess in process of resolution. We must remember, above all, that actinomycosis is a cause, perhaps more frequent than the wisdom tooth, of contraction of the jaws and in all cervico-facial phlegmons we should search for the ray fungus.—Revue Hebdomadaire de Laryngologie, etc.

Aneurism of the Carotid in the Middle Ear.

Dr. Schulze reports the case of a patient, 26 years of age, who consulted him on account of chronic otorrhœa of the left side which had been in existence for six years and ceased from time to time, generally after a series of lavages. The drumhead was thickened, the malleus was slightly retracted: there was an antero-inferior perforation completely obstructed by a tumor of regular surface, bluish-red color, projecting into the meatus, the anterior and inferior walls of which it touched. No pulsation was remarked. There was a slight thread of pus below the tumor.

The diagnosis was polyp of the middle ear. It was impossible to include it in a snare. It was then cauterized with chromic acid. It was perceived, on touching it with the sound, that the tumor was easily depressed. The diagnosis then became doubtful. It was thought that perhaps it might be a cicatrix pushed forward by an accumulation of pus behind, and then the question arose whether or not the perforation below it was too small. It was necessary to make an incision. When the incision was made a mass of red blood inundated the ear, the neck of the patient, and the hands of the surgeon. The wound was tamponed and the hæmorrhage arrested. The patient, more closely interrogated, spoke of feeling for a long time beating in the left ear, principally when at work. The situation appearing grave, she was admitted to the hospital. Three days later there was a second hæmorrhage, impossible to arrest by the tampon or compression of the carotid. The blood flowed from the nose and ear. As compression only caused cerebral symptoms the common carotid was ligated and the hæmorrhage ceased. On the next day there was no more buzzing in the ear. Hæmorrhage again occurred ten times within a month (probably from the collateral circulation). The tampon was applied and gelatin injected. The patient left the hospital cured. There was no more pus in the ear. The tumor was effaced, but a bluish-red color remained.

Four years previously the ear had been cauterized. This may have been the cause of the destruction of the intermediary osseous lamella. There may have been a congenital predisposition. Infection might have been expected after so many tamponings, but it did not occur.—Revue Hebdomadaire de Laryngologie, etc.

French Surgical Congress.—The French Surgical Congress will hold its seventeenth annual session in Paris in the week beginning October 17th, under the presidency of Dr. S. Pozzi. The following are the subjects for discussion: (1) "The Surgical Treatment of Cirrhosis of the Liver," to be opened by M. Monprofit, of Angers; (2) "The Semeiological Value of Examination of the Blood in Surgery," to be opened by M. Tuffier; (3) "Traumatic Separation of the Epiphyses," to be opened by M. Kirmisson.

Therapeutic Notes.

Physostigmine after Laparotomies.

Three years ago Dr. K. Vogel made experimental and clinical studies and came to the conclusions recently advocated by Arndt of the hypodermic employment of salicylate of physostigmine (0.0004) three or four times daily beginning shortly after the time of operation. Arndt has since recommended the injection of eserine (0.001) once or twice daily for the prevention or removal of postoperative intestinal paralysis after laparotomy.

The author emphasizes the necessity of using this drug as a preventive of intestinal obstruction after laparotomy. When the obstruction is already present the drug may still be tried, but should not be relied on absolutely.

Tincture of Horse-chestnut in Pelvic Affections.

De Veney confirms by new experiences his previous announcements in regard to the peculiar efficiency of tincture of horse-chestnut for soothing the pain and reducing the size of hæmorrhoids. He gives it in 10-drop doses before meals twice a day, increasing gradually by 10 to 15 drops a day, but with great care not to go beyond the dose needed by the individual subject. Too large a dose exaggerates instead of soothes the pains. In his experience this treatment has cured in a single day rebellious cases of hæmorrhoids accompanied by rectitis with glairy stools, when the tincture was supplemented by equal parts of tincture of aloes or by a 1 centigram pill of silver nitrate morning and night. In case of indolent hæmorrhoids due to habitual constipation, he adds to the tincture equal parts of tincture of nux vomica. He finds the horse-chestnut tincture also useful for external application as an adjuvant in some cases of hæmorrhoids and varices, but its principal field is in reduction of congestions in the small pelvis. It acts by means of its influence on the sympathetic system, modifying the circulation throughout the small pelvis, and giving the internist another weapon against the so-called surgical affections of this region.—Journal of the American Medical Association.

Chronic Rheumatism.

℞ Sodii iodidi, ʒij.
Vini colchici rad., ʒiv.
Sodii salicylatis, ʒiij.
Tr. guaiaci ammon., ℥ij.
Syr. sarsaparillæ comp., q. s. ad ℥vj.

M. Sig.: Dessert-spoonful three times daily.—Merck's Archives.

℞ Pulv. guaiaci resinæ,
Potassii iodidi, of each, ʒj .
Tr. colchici seminis, ʒiij.
Syrupi simplici, ℥ij.
Aquæ cinnamomi, q. s. ad ℥vj.

M. Sig.: Dessert-spoonful to a table-spoonful twice daily.—Medical Record.

Bromine in Treatment of Diphtheria.

Bascoul practices in Algiers, where it is not always possible to obtain fresh anti-diphtheria serum. In the lack of it, he uses bromine, and states that seven years of experience with it have demonstrated its great efficacy. He administers from 5 to 10 drops of bromine in 200 grams of sweetened water, with 3 grams of potassium iodide. He uses for a gargle the same with from 20 to 30 drops of the bromine. He applies this treatment to all kinds of sore throats, including those of the eruptive fevers, and has found it both certain and effectual.—Journal of the American Medical Association.

Strychnine in Sciatica.

Zartzin reports that all the symptoms rapidly subsided under strychnine in 4 out of 9 cases of severe sciatica thus treated, and in 3 cases the symptoms were materially improved. The results observed were much superior to those he had ever attained by any other measures. He injected 0.001 cubic centimeter of the strychnine nitrate subcutaneously. The injections were kept up daily or twice daily in the first case, in which the sciatica was of ten years' standing, the patient a woman of 35. Within five hours of the first injection the pain had much diminished and the normal conditions were apparently restored by the thirteenth injection, but they were continued until twenty-six had been made. There has been no recurrence. The injections were made in the buttocks and the dose of 0.001 cubic centimeter was never surpassed. The results were negative in only two instances.—Journal of the American Medical Association.

Hordeolum (Stye).

℞ Acidi borici, ʒj.
Muc. cydonii, ℥iss.
Aquæ rosæ (genuine), q. s. ad ℥iv.

M. Sig.: Apply freely lukewarm to the eye. Or:—

℞ Hydrarg. oxidi rubri, gr. xij.
Petrolati,
Ung. aquæ rosæ, of each, ʒiv.

M. Sig.: Apply night and morning after a thorough cleansing with hot boric solution.

If very distressing and involving much of the lid the stye should be incised, with full antiseptic precautions.—Merck's Archives.

Whooping-cough.

La Presse Médicle suggests the following for whooping-cough:—

℞ Syrupi belladonnæ, ℥i$^{2}/_{3}$.
Syrupi valerianæ,
Syrupi digitalis, of each, ʒviss.

M. Sig.: For children less than 2 years of age we prescribe $^{1}/_{2}$ coffeespoonful and increase by $^{1}/_{2}$ spoonful every second day till 2 coffeespoonfuls are taken daily. For children from 2 to 5 years of age the dose may be increased to 6 spoonfuls daily. This dose is sufficient for older children, and should be increased only if the cough is very intractable, in which case 75 to 150 minims may be added to the daily supply. The syrup may be given pure, or mixed with simple syrup or milk.—Journal of the American Medical Association.

Huchard associates quinine with aconite, thus:—

℞ Quinine sulphate,
Ext. cinchona, of each, 30 grains.
Ext. aconite, 1$^{1}/_{2}$ grains.

For twenty pills.

Sig.: One three times a day.—Med. Standard.

Meat and Fish Poisoning.

Dr. Luff prescribes:—

℞ Sol. hydrarg. perchloridi, *m*xx.
Potassii iodidi,
Chloral hyd., of each, gr. v.
Ac. carbol., gr. j.
Spir. ammon. aromat., *m*xx.
Aq. chloroformi, q. s. ad ℥ss.

M. Sig.: One dose every three or four hours till effects are gone.—St. Louis Clinique.

Stovaine.

The new synthetic analgesic has shown itself in experimental tests similar in its action to cocaine. It abolishes the vital properties of the cells with which it comes in contact and acts as a poison to the central nervous system. It is considerably less toxic than cocaine, and this, in connection with its tonic action on the heart, its antithermic action, and its antiseptic properties, promise a fine future for it from the therapeutic point of view. Huchard related a number of clinical experiences with it during the last two months. He found it most effectual when injected along the course of an aching nerve and in epidural injections. Not the slightest symptom of intolerance was observed after injection of 1 to 3 centigrams, even when the patient neglected to lie down afterward.—Journal of the American Medical Association.

Acute Diarrhœa of Adults.

Dr. John T. Scott, of Indianapolis, states, in the Central States Medical Magazine, that the following has proved valuable in his hands:—

℞ Benzonaphtol, gr. ij.
Bismuth salicyl., gr. v.
Resorcin, gr. ij.

M. et ft. pulv.
Sig.: One every three hours.

Peroxide of Magnesium in the Treatment of Acid Diarrhœa of Adults.

Betherand and Rene Galtier declare that the acid diarrhœas seem to them to be the only type that indicate treatment by means of peroxide of magnesium. Peroxide of magnesium is decomposed only in an acid medium. In the stomach, hydrochloric acid or the fermentation acids decompose the peroxide into chloride of magnesia and hydrogen peroxide, and the latter is finally separated into water and oxygen. The drug is administered in the form of keratinized pills so that the specific action of the drug may play its rôle in the intestines. The fæces in the normal state and under the influence of a mixed diet are alkaline or neutral, but they become acid under the influence of a considerable gastric acidity, which the secretions of the intestinal glands, of the liver, and of the pancreas are unable to offset. It is in such cases that the peroxide of magnesium has given the best results. The writers then relate the histories of several cases which corroborate the opinion of Robin that there is in this drug an antiseptic as well as antidiarrhœic power, most important when the origin of this diarrhœa is fermentation. It is only when the contents of the intestine are acid that the magnesium peroxide decomposes and sets free its oxygen.—Medical Record.

Tonsillitis.

℞ Tinct. guaiaci ammon.,
Tinct. cinch. comp., of each, ʒvj.
Sodii chloridi, ʒij.
Pulv. acaciæ, q. s.
Aquæ destill., ad ℥iv.

M. et ft. mist.
Sig.: Shake well. Add teaspoonful of mixture to wineglassful of water and use as gargle three times daily.—Medical Times and Hospital Gazette.

Nitrite of Sodium in the Treatment of Tabes.

M. Oberthur and M. Bousquet made a communication on the above subject to the Congress of Neurologists and Alienists. Nitrite of sodium, which they have just been trying in a systematic and continuous manner for the treatment of tabes, had already been employed in Italy by Petrone and in Austria by Winternitz and Pal. It appears to be the drug of election for the treatment of this disease and apparently has a wonderful effect upon the painful phenomena which appear. In fact, it seems to be the only drug which will give relief to those cases where the pains are continuous and have proved rebellious to any other therapeutic process. Moreover, sodium nitrite seems to act very favorably upon the phenomena of inco-ordination and cases submitted to the nitrite treatment which have been already "re-educated" have made much more rapid progress than patients who have not been treated with this drug. Hypodermic injection of the drug appears preferable to giving it by the mouth.—Lancet.

THE
Medical Bulletin.

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THE PURIFICATION (?) OF WATER BY COPPER.

THE importance to cities of a pure water-supply cannot be overestimated. Impure water is responsible for much disease. Above all, it is the vehicle by which typhoid fever is chiefly transmitted. Our local problem for years has been to secure good water. Until the public filtration plants are completed we are obliged to filter water at home on a small scale, to boil the water, and obtain it from springs in the Park. Dr. Moore, of the Department of Agriculture, Washington, D. C., has recently proposed, on purely theoretical grounds, to employ copper as a means of purifying drinking water. His arguments are based solely upon experiments in the laboratory. Such work, however, differs so widely from the conditions under which drinking water must be purified that no satisfactory conclusions can be drawn. In fact, as we shall point out, the proposal is totally impracticable.

The salts of copper are like other powerful germicides. The very ability which they possess to destroy bacteria renders them active poisons to the human body. It is well known that copper and other metals will inhibit the development of bacteria. They are destructive to the micro-organisms of typhoid fever and tuberculosis. Copper sulphate has been employed by some practitioners in the treatment of those and other infectious diseases. When used, however, in moderate medicinal amounts it does not destroy bacteria or neutralize their products. As every practitioner is aware, the salts of copper in overdose produce acute gastro-enteritis. There are vomiting and purging, blood and mucus escape from the bowels, and there is pronounced depression of the nervous and muscular systems. Orfila examined a case of poisoning from verdigris in which the stomach was so inflamed and thickened that the pyloric orifice was almost obliterated. The intestines were inflamed throughout, the large bowel was distended in some places and constricted in others; the rectum was ulcerated.

A full dose of copper sulphate is a prompt emetic, but we do not now employ it much for that purpose because it is too irritant and not as safe as the corresponding salt of zinc.

We can make in test tubes experiments which the human stomach will not tolerate. For this reason the results of the laboratory cannot always be applied directly to the treatment of sick people. As ordinary water has little or no solvent action upon copper, it is difficult to understand, how mere standing for a few hours in a copper vessel will destroy typhoid bacilli. Water which is contaminated by sewage and which contains an abundance of ammonia and chlorides is capable of exerting a very considerable solvent action upon copper. That metal has been found in aërated waters due to the use of corroded copper cylinders, and in one case Mr. W. Thompson found 3 $^1/_2$ grains of copper to the gallon in water drawn from a kitchen boiler. Copper sometimes finds its way into water from brass pipes.

There is no reason to believe that the addition of small amounts of copper sulphate to water stored in reservoirs will have an action upon typhoid bacilli. If the quantity of metallic salt is sufficient to destroy microbes it will be enough to cause disease in persons who drink such "coppered" water.

Comparatively small quantities of copper habitually introduced for a long period into the human system give rise to chronic poisoning. The gums are retracted and have a persistent green or purple line upon their edges; the individual is emaciated and has a cachectic appearance, loses strength, and has colic, diarrhœa, or dysentery. Salivation has also been observed. There may be sore throat or a cough without physical signs. Such symptoms have, from time to time, been discovered among workers in copper and those who had eaten food contaminated with that metal. Lancereaux describes a blackish discoloration of the mucous membrane.

When a physician, in the course of his practice, sees fit to prescribe copper sulphate he orders a definite dose which he administers for a temporary period and watches the effects. Quite different is the proposal to cast a quantity of the same salt into a city's drinking water, to be consumed regularly and continuously without any exact knowledge concerning the quantity per gallon and for every gallon. Furthermore, individuals differ greatly as to the quantity of water consumed as a beverage. Some drink but sparingly, while others partake of considerable quantities.

Copper is eliminated largely by the liver and kidneys. Like lead, it accumulates in the liver, and therefore can be given out into the circulation from time to time. This will account for the fact that repeated small doses may have a cumulative effect. In other words, elimination is imperfect and insufficient.

Again, elimination is only complete when eliminating organs are sound. Consequently, as in every large city there are hosts of individuals with damaged livers and kidneys, these unfortunate persons will be specially susceptible to the influence of water containing copper. Even apart from this consideration we know that some are much more easily than others acted upon by any chemical taken into the system.

When physicians are called upon to prescribe for infants and children they are careful to calculate the dose according to age. But who shall calculate the dose of "coppered" water for the babe in arms, the little toddler, or the growing child? The proposal to nourish little children on copper does not commend itself to the judicious mind.

The scheme is monstrous, and should be condemned. It is one out of the many examples of a blind acceptance of laboratory results. Many experiments, interesting in themselves to the chemist and bacteriologist, are constantly being performed which have little or no relation to practical medicine or even to public sanitation. Such discrepancies between the findings of the laboratory and the effects in dealing with sick people have often been observed. All of the stronger antiseptic substances have been brought forward as germicidal agents, but our expectations have never been fully realized for the reason already pointed out, viz.: that in doses sufficiently large to be effective parasiticides they create irreparable damage to the tissues of the human body. Some of them have been found beneficial to a certain extent, but none has accomplished an ideal purpose. As well might we empty carbolic acid, mercuric chloride, bromine, chlorine, or chlorinated lime with the expectation of purifying the water without at the same time affecting the health of those who drink the water. We only succeed in substituting one noxious substance for another, and instead of poisoning by the toxins of the bacillus typhosus we witness intoxication by powerful metallic salts.

"They have poisoned the wells." This cry, seldom heard at the present day, had at one time a terrible significance. The present proposition, made in the name of Science, comes dangerously near the old accusation.

That "history repeats itself" is often said. This is because each generation fails to imbibe completely the lessons of the past. They are forgotten and we go on repeating the mistakes of our forefathers. Sometimes, indeed, it happens by a retrograde movement that theories or alleged discoveries are brought forward with a great flourish, as if entirely new and original when all the time they are merely repetitions of what had previously been done. Our parents or grandparents had an unhappy experience with copper. A generation ago the large copper kettle was a familiar object in every kitchen. Housewives were accustomed to prepare apple-butter, preserves, and other articles of food in these copper utensils. When carefully cleaned and burnished the kettles presented quite a pretty appearance as they hung upon the wall or stood in the cupboard. It is not every housekeeper or housemaid, however, who is scrupulously careful. It resulted that not infrequently the kettles became coated with verdigris, and illness attacked those who ate food which had been cooked in such vessels. This form of poison was at length so well recognized that the use of copper kettles in cookery became obsolete. Now, upon the strength of some laboratory experiments we are asked to put copper in our drinking water. Upon this subject we concur with the expressions made use of by Dr. Woodward, Health Officer of the District of Columbia, who refused to recommend the use of copper sulphate in the reservoirs, as it would be largely in the nature of an experiment, and declared that if he made such a recommendation and were called to give his reasons for it he should not be able to furnish a satisfactory one. We should not advise the expenditure of any large sum of money upon experiments with copper sulphate as a purifier of our drinking water.

In short, the conclusion of the whole matter is that if enough copper sulphate is put into drinking water to kill microbes it will be enough to create disease in human beings. If there is not enough to injure men, women, and children it will do no harm to the microbes.

There is a curious inconsistency of fate in this matter at the present time. When the officers of the Dairy and Food Commission are haling dealers into court and securing sentences of imprisonment for selling milk or foods adulterated with formaldehyde, boric acid, copper, or what not, it is proposed to impregnate our drinking water with copper. The proposition is monstrous, and should never be entertained.

We are glad to find, since these lines were written, that they are in substantial accord with the views expressed upon the subject by Dr. A. Robin, of Wilmington, Del., who is known throughout the country for his scientific attainments.

THE MADNESS OF AUTOMOBILISTS.

In these latter days the perils of city streets have immeasurably increased. The vehicles of all kinds and sizes drawn by horses, the swiftly moving trolley cars, the congestion of traffic in business localities and in the vicinity of work on public improvements oblige the citizens to be constantly on guard. There was a time, not long ago, when the bicycle was an additional danger, but the fashion of the wheel has nearly subsided. In its place we have now something more deadly in the automobile. These ponderous machines have not only wrought havoc in crowded cities, but they have also invaded the highroads and byroads of the country. They distribute fright and injury impartially in town and country, to pedestrians, equestrians, the occupants of carriages and wagons, not sparing even those who are enjoying the sport—if it may be so called—of riding in the automobile. So common are the acidents due to this new form of conveyance that no day passes without its record in every community. The list of injuries and fatalities caused by the automobile is appalling. They are attributable in many instances to disregard of the rights of other travelers, whether by foot or in any form of conveyance. Sometimes they are produced by difficulties in the machinery or its motive force. The automobiles frighten horses and cause runaway accidents. The machines terrify women and children, and so confuse the endangered persons that they have been known to place themselves in the track of the approaching machine rather than flee to a place of safety. The weighty masses of metal are hurled forward at a high speed and gain a terrible momentum which is often beyond control when an emergency suddenly arises. The tension of his nerves communicates an expression of strained anxiety to the face of the *chauffeur.* In addition to other mishaps it is not uncommon for the machines to come into sudden and sharp contact with the curbstones and get beyond the control of whomsoever is in charge. Like the Malays, they then run amuck.

At night an additional horror is added. The flashing lights, rapidly approaching, one hardly knows whence, the rush of the engine, multiply the danger, the terror, and the destruction.

In the midst of all these casualties the mind is apt to recall the lines of Dibdin's sea-song. When the storm is raging and the sailors are reefing sail and making everything tight a sailor calls to his mate, "Oh, Jack, don't you pity those poor folks on land to-night?" The reference in the song is, if our memory is correct, to such old-time dangers as falling bricks and signboards. The humor of the allusion has often provoked a smile, but we can now ask ourselves whether there is not to-day a good deal of truth in the old salt's words.

In the cities there is some attempt made to limit the speed of automobiles, although this intention is not always obeyed. In the rural districts the automobilists are almost absolute. In common parlance "they own the road." Every other conveyance must give the right of way or suffer from collision. Equipages must obediently draw up by the fence or perhaps topple into the ditch. The resentment of the farming classes is beginning to show itself in deeds of violence. Hatred and crime are an indirect outcome of the abuse of these machines. Complaint is often made—and justly made—of the dangers of railroad crossings at grade. Here, however, we have a menace which may have the speed of a locomotive, but which travels along the road instead of merely shooting across it in its course. Railway trains are, at all events, under ordinary circumstances, restricted to their tracks, but the automobiles make their own tracks wherever their managers see fit. The *chauffeurs* miscalculate, in their haste, a distance, a direction, or a turn, and a life or lives pay the forfeit. It may be the occupants of the machine, it may be the innocent wayfarer, it may be all within reach. In addition to every other form of danger the automobile, like the locomotive, may burst its boiler, may take fire, and those run by electricity have their own particular accidents to which they are liable. It is high time for automobiling to be more rigidly regulated. Swiftness of movement—rush—is the form of excitement to which the automobile ministers. Upon the country road horses are driven at a moderate and often leisurely pace. There is usually time to foresee and avoid a collision. Runaways are infrequent. Accidents at grade crossings can usually be avoided. But the crash of a huge monster of iron, especially after dark, with brilliant, dazzling headlights and searchlights, is a danger of the road to which people have not hitherto been accustomed. The noise of the machine adds to the confusion. On it comes with a mad rush, wheezing, panting, and trembling, overcoming all opposition. Whirling suddenly around a corner of the road, it seems like some terrific spectacle of diabolical origin. A diabolical and deadly contrivance it has proved to many, and the number augments day by day and night by night.

A mother and a daughter are walking peacefully along a country highroad in summer when along comes an automobile. The elder lady becomes frightened and confused. Instead of seeking the side of the road, comparatively protected from danger, she stands in front of the machine and is killed before her daughter's eyes.

A machine deviates from its course in order to avoid a boy and horse, but runs against and kills a little girl who was in the vicinity. A *chauffeur* wrecks his machine and breaks his arm. At the St. Louis track a machine crashes through a fence and kills two, but the autoist escapes with slight injury. An automobile overturns without doing much damage to the operator, while another by a similar accident kills its owner.

A young lady leaves her home on horseback in the evening. She canters quietly down a street, her path is for an instant blocked by a car, when suddenly a heavy automobile whirls out from behind the car. The horse, dazzled by the powerful searchlight, rears and throws the young lady over its head. The equestrienne lay senseless in the street, severely, though fortunately not dangerously, injured.

Another headline in the paper informs us that a blazing automobile ran away from the fire engines; explosion wrecked a machine; the *chauffeur* was burned. The astonishing spectacle was witnessed of a burning vehicle running two squares along a city street before it was stopped, the firemen joining in the chase.

These are a few incidents cited from among the great numbers reported in the daily press. Every reader of these lines knows of similar examples.

At all times a possible source of danger, itself exposed to damage or destruction, a menace to human life, how terribly are its potentialities increased when driven by an inexperienced person! Every operator should be thoroughly acquainted with the mechanism of his vehicle and know exactly how it should be managed. If an inexperienced person is driving a horse the intelligent animal will often avoid running down people, will shy or halt for this purpose; but the automobile is driven by mechanical laws, and can only obey its propulsive power or yield, it may be, to the force of explosion.

It is high time, in view of such disastrous contingencies as have only been hinted at, but the sketch of which can be filled in by every reader, that the laws regulating this mode of conveyance should be made more rigid and should be strictly executed. The automobile is a sort of locomotive let loose and as such should inspire dread.

Correspondence.

To the Editor of Medical Bulletin.

Dear Sir: The American Medical Society for the Study of Alcohol and Other Narcotics was organized June 8, 1904, by the union of the American Association for the Study of Inebriety and the Medical Temperance Association. Both of these societies are composed of physicians interested in the study and treatment of inebriety and the physiological nature and action of alcohol and narcotics in health and disease. The first society was organized in 1870 and has published five volumes of transactions and twenty-seven yearly volumes of the Quarterly Journal of Inebriety, the organ of its association. The second society began in 1891 and has issued three volumes of transactions and for seven years published a Quarterly Bulletin containing the papers read at its meetings.

The special object of the union of the two societies is to create greater interest among physicians to study one of the greatest evils of modern times. Its plan of work is to encourage and promote more exact scientific studies of the nature and effects of alcohol in health and disease, particularly of its etiological, physiological, and therapeutic relations. Second, to secure more accurate investigations of the diseases associated or following from the use of alcohol and narcotics. Third, to correct the present empirical treatment of these diseases by secret drugs and so-called specifics and to secure legislation prohibiting the sale of nostrums claiming to be absolute cures and containing dangerous poisons. Fourth, to encourage special legislation for the care, control, and medical treatment of spirit- and drug-takers.

The alcoholic problem and the diseases which center and spring from it are becoming more prominent, and its medical and hygienic importance has assumed such proportions that physicians everywhere are called on for advice and counsel. Public sentiment is turning to medical men for authoritative facts and conclusions to enable them to realize the causes, means of prevention, and cure of this evil. This new society comes to meet this want by enlisting medical men as members and stimulating new studies and researches from a broader and more scientific point of view. As a medical and hygienic topic, the alcoholic problem has an intense personal interest, not only to every physician, but to the public generally in every town and city in the country. This interest demands concentrated efforts through the medium of a society to clear away the present confusion, educate public sentiment and make medical men the final authority in the consideration of the remedial measures for cure and prevention. For this purpose a most urgent appeal is made to all physicians to assist in making this society the medium and authority for the scientific study of the subject. The secretary, Dr. T D. Crothers, of Hartford, Conn., will be pleased to give any further information.

Punton Sanatorium.—Dr. John Punton, Superintendent of the Punton Sanatorium or Home for Nervous Invalids at Kansas City, Mo., is adding a large addition to the sanatorium building. There is also being built a large extension to the verandas, which will be used by the guests for places of recreation. Dr. Punton is the editor of the Kansas City Medical Index-Lancet.

Consultation Department.

Cerebro-spinal Sclerosis.

Dr. E. A. describes the case of a man, 55 years of age, who suffers from tremor, which began two years ago in the right hand, spreading next to the corresponding foot and subsequently involving many muscles. There has been vertigo, but that has disappeared. The tremor is chiefly noticeable when the muscles are in action.

The case is one of cerebro-spinal sclerosis or locomotor ataxia. I should place the patient upon mercuric chloride in the dose of gr. $^1/_{20}$, thrice daily, gradually increasing to gr. $^1/_8$. Silver nitrate and potassium iodide are also of some service, and may very well be alternated with the mercurial. If the silver salt is given the gums should be watched for the blue line indicative of intoxication. It is not safe to continue the use of silver for more than about six weeks at a time. These remedies may relieve, but do not cure. The nutrition should be maintained by every possible means.

Lead Colic.

Dr. M. C. H. writes of a man, 39 years of age, who has suffered from abdominal pain for two weeks. Cramps have been very severe and he is constipated.

I think that this is lead colic, more especially as the man works near a lead factory. I should, therefore, give him potassium iodide in doses of 10 grains three times a day, in order to promote the elimination of the metal. He should try to find other employment or, at least, place of employment.

Organic Heart Disease.

Dr. M. C. writes concerning the case of a boy of 14, who had rheumatism two years ago. He is now short of breath and his feet swell. His lips are blue.

From the history I infer that the rheumatism, as often occurs, has been followed by organic disease of the heart. If a rough systolic murmur is present, extending to the left base, there is mitral regurgitation. In order to lessen forcible and tumultuous cardiac action and relieve the dyspnœa I should give tincture of aconite in doses of 1 minim, increasing to 3 minims, thrice daily, and should sometimes apply dry cups. The tincture of the ferric chloride is also likely to be of service.

Hypertrophy of the Heart.

Dr. H. W. W. has a patient, a youth of 18, who has dyspnœa and palpitation of the heart. His heart beats heavily, he is sometimes giddy, and he is made worse by active exercise. He has never had rheumatism, but has smoked to excess. It is said that no murmur is present.

I believe this to be a case of hypertrophy of the heart. The disease has been brought on by the abuse of tobacco. The tobacco should be abandoned, as well as tea and coffee, and the diet should be plain and digestible. As much rest as possible is advisable. Medicinally, tincture of aconite or veratrum viride, or both combined, are useful. The dose of each may be 1 or 2 minims three times a day. Do not allow the bowels to become sluggish.

Diabetes Mellitus.

Dr. H. L. W. has a patient, a man, 48 years of age, who has for three months been passing a great quantity of urine.

He has to rise during the night to pass urine and he suffers from excessive thirst.

I have no doubt that the proper tests will reveal the presence of sugar in the urine. It is a case of diabetes mellitus.

The treatment of this disease is largely dietetic. Meat, eggs, and milk may be allowed, but articles of food containing starch and sugar must be prohibited. Elaborate diet lists can be found in works on practice. Ergot and opium are of assistance as medicines. The latter should be carefully watched.

Medical News and Miscellany.

Prof. William L. Rodman.—Dr. W. L. Rodman, with his son, J. Stewart Rodman, returned to Philadelphia on August 29th, after a stay of two months abroad. He was invited to read a paper before the British Medical Association at the meeting in classic Oxford July 26th to 30th. His subject was "The Importance of Early Diagnosis and Radical Operation in Cancer of the Breast." The paper with a full discussion thereon will be published in the British Medical Journal during September. The doctor was much pleased with the British Medical Association, as were all Philadelphians who were present, viz.: Drs. Deaver, Donellan, Harte, Hartzell, Kelly, and Tyson. Dr. Rodman is now occupying his new residence and offices, 1904 Chestnut Street.

The Astley Cooper Prize.—The date which has been fixed for the next reception of the essays in competition for the Astley Cooper Prize of £300 is January 1, 1907, and the subject of the essay or treatise is to be "The Naked-Eye and Histological Anatomy of the Spinal Cord." The conditions annexed to the competition by the testator are that the essays and treatises of competitors must contain original experiments and observations which have not previously been published; further, that each essay or treatise must be illustrated by preparations and drawings, and that the preparations and drawings which accompany the successful essay shall be added to the museum of Guy's Hospital, and, together with the work itself, become the sole and exclusive property of the hospital. The prize will not be awarded to any essay which is the joint production of two or more authors. The essays, which should be typed or legibly written, if not in the English language, should be accompanied by an English translation. Each must be distinguished by a motto and accompanied by a sealed envelope containing the name and address of the writer. Only that envelope will be opened which bears outside the motto of the successful treatise.

Death of Dr. Pryor.—William Rice Pryor, M.D., College of Physicians and Surgeons in the city of New York, 1881, of New York City; a member of the American Medical Association, International Gynæcological and Obstetrical Congress, Southern Surgical and Gynæcological Society, New York State Medical Association, American Gynæcological Society, New York Academy of Medicine, and New York Obstetrical Society; consulting gynæcologist to St. Vincent's Hospital, gynæcologist to New York Polyclinic Hospital, City Hospital, and St. Elizabeth's Hospital, eminent as an obstetrician and gynæcologist, and author of several text-books on gynæcology, was taken ill at his summer residence, Glen Eyre, Pa., and died at St. Vincent's Hospital, New York City, August 26, as a result of persistent overwork, aged 46.

Epilepsy of Pregnancy.—H. Curschmann, in a communication from Erb's clinic, describes a case of genuine epilepsy which developed during a pregnancy and subsided after its termination. The observation emphasizes the fact that artificial interruption of the pregnancy is not necessary in such cases. Systematic medicinal treatment will usually mitigate the symptoms, reducing the number and the severity of the convulsions. His patient was a woman of 38, free from nervous tendencies or heredity, who had passed through three normal pregnancies and three abortions. At the beginning of the eighth month of the seventh pregnancy partial epileptic seizures occurred, recurring every second day until delivery, then becoming less frequent and vanishing completely by the end of a month. A pregnancy later was accompanied by the same convulsions, commencing at the eighth month, but much more intense and recurring sometimes twenty to thirty times a day. The attacks lasted only three minutes and there was no loss of consciousness and no sleep afterward. Under bromide and chloral treatment the convulsions were somewhat improved, but the entire syndrome was permanently dispelled three weeks before delivery by an intercurrent, febrile infection, a bronchitis with an erysipeloid dermatitis of protracted course, accompanied by a psychosis, which lasted for two months after delivery. The convulsions in this case indicated an affection of the lower parts of both right central convolutions, with slight participation of the other parts and adjoining convolutions.—Journal of the American Medical Association.

A Commission to Study Pneumonia.—In response to the request of Dr. Darlington, Health Commissioner, the Board of Estimate of New York has appropriated $10,000 to meet the expenses of a commission to investigate the causes and prevention of pneumonia. This commission will consist of Drs. Frank Billings, of Chicago; John H. Musser, of Philadelphia; Theobald Smith, of Boston; William Osler and William H. Welch, of Baltimore; and Edward G. Janeway, L. Emmet Holt, and T. Mitchell Prudden, of New York City.

October Lippincott's Magazine.—The novelette in the current issue of Lippincott's Magazine is a tale of the Great Lakes from the pen of Karl Edwin Harriman. Its title is "A Lad's Love," and through its pages the island fisher-folk are presented as only one who loves them in their atmosphere of simplicity could do. First among the well-chosen short stories comes Eleanor A. Hallowell's "Brindle-Boy." Francis Howard Williams contributes "The Tragic Touch." "The Waywardness of Susan," by Luellen Cass Teters, is a tale of a farmer's widow. Alfred Stoddart's sporting stories have become an established fact in the autumn season. The one entitled "The Dark Horse" shows distinct advance in his special art. A humorous tale about a Mexican, who got the best of the cowboy and incidentally got the girl, is told by Gay Bentley Wuerpel and called "Final Selection." The magazine closes with a clever darky sketch, "The Return of Sister Juliana," by Ella Middleton Tybout. The admirable paper on "Old English Sacred Drama," by Prof. Felix E. Schelling, seems to be in response to the awakened interest in "Old Morality" plays. "The Winter Window-garden," by Eben E. Rexford, an authority on floriculture, tells just what should be done now to insure the lovely cheer of bloom throughout the winter. Many pages of "Walnuts and Wine" enliven this issue.

Death of Professor Finsen.—We regret to chronicle the death of Dr. Finsen, who developed and applied the light which bears his name. He had been a very laborious man, but had for some time been in declining health.

Dr. P. S. Donellan.—Dr. P. S. Donellan and wife attended the meeting of the British Medical Association at Oxford whence they went to Cowes as the guests of Sir Thomas Lipton on his yacht, the *Erin,* during the races. They had a most enjoyable time.

St. Louis Society for the Prevention of Tuberculosis.—This society, the aims of which are expressed in its title, has recently been organized. The plan of work will consist in giving wide publicity to the fact that the mortality from tuberculosis in St. Louis is steadily increasing, and that the measures of prophylaxis now obtaining in Philadelphia and New York, if applied to St. Louis, would mean a saving of 40,000 lives in the present generation; and in conducting a campaign of education by medical tracts, personal instruction in hygienic living, and public lectures and stereopticon demonstrations to the children of the public schools. A concerted effort will be made to secure the enforcement of the antispitting law. Tenement-house inspections will be made, and statistics will be collected and published concerning the tuberculosis centers in the city and the location of infected houses. The Medical Committee is composed of Dr. William Porter, chairman; Drs. H. Wheeler Bond, W. J. Harris, George Homan, Charles H. Hughes, Harry W. Lyman, William A. McCandless, W. G. Moore, Jesse S. Myer, E. W. Saunders, John H. Simon, Joseph Spiegelhalter, Justin Steer, James H. Tanquary, George M. Tuttle, and E. J. Goodwin.

The International Congress of Dermatology.—A scientific exhibit and also an exhibition of drugs and instruments was arranged for this congress, which met at Berlin September 12th to 17th. Communications had been promised on "Syphilitic Affections of the Circulatory Apparatus," by von Düring, von Hansemann, Jullien, Lang, Renvers, and Thomson Walker; on "Cutaneous Affections in Case of Anomalies in the Metabolism," by L. Duncan Bulkley, Radcliffe Crocker, Jadassohn, von Noorden, and Pick; on "Epitheliomata," by Darier, Fordyce, Landgrer, Mibelli, Riehl, Rona, and Unna. The general review of leprosy will be presented by Neisser. Special pains were devoted to assembling a large number of interesting cases for inspection before the sessions.

Seventy-fifth Anniversary of the Brazilian Academy of Medicine.—The Academia Nacional de Medicine enters on the seventy-sixth year of its existence in a new and commodious building erected by the government at Rio for the meetings of scientific societies and preservation of their collections and archives. Its diamond jubilee was celebrated with much ceremony, and a number of invited guests, including the Minister of the Interior and other representatives of the government, with ladies, added to the brilliancy of the festival. The themes for the prize competitions for 1905 were announced. They include fevers endemic in Rio, malaria, surgical treatment of aneurisms, of appendicitis, etiological rôle of alimentation in Rio, organization of hospital services, indications and contra-indications for surgical intervention in obstetrics, parallel study of abdominal and vaginal routes for gynæcological operations, etc. The prizes are a gold medal or diploma.

Prof. James Lorrain Smith.—Dr. James Lorrain Smith, Professor of Pathology in Queen's College, Belfast, has been appointed to the Chair of Pathology and Pathological Anatomy in the University of Manchester.

Professor Grancher.—The Paris Municipal Council has voted a grant of £120 to Professor Grancher in furtherance of his researches as to the means of preventing tuberculosis in schools.

Dr. William T. Jenkins.—Dr. William T. Jenkins, ex-Health Officer of the Port of New York, has been appointed Sanitary Engineer in the Health Department.

Arkansas Medical Society.—At the annual meeting the following officers were elected: Dr. Joseph P. Runyan, president. Drs. John L. Butler, of Sheridan; Herbert H. Canfield, of Siloam Springs; and Adolphus G. Clyne, of Bethel, vice-presidents. Dr. Richard C. Thompson, of Pine Bluff, treasurer. Dr. Charles C. Stephenson, of Little Rock, secretary. Little Rock was selected as the meeting place for 1905.

Osler to Go to Oxford University.—Dr. William Osler has accepted the Regius Professorship of Medicine at Oxford University in succession to Sir John Burton Sanderson. He will assume the duties of the new position next spring, after completing the school year of 1904-5 at Johns Hopkins. The appointment has been approved by King Edward.

Memorial to Dr. W. E. B. Davis.—A statue of Dr. William E. B. Davis, late of Birmingham, will be erected by the Southern Surgical and Gynæcological Association, of which Dr. Davis was the originator and organizer. The statue will be of bronze, seven and a half feet high, on a granite pedestal nine and a half feet high, and will be made by G. Moretti. It is to be finished by December 1st in order that it may be unveiled at the meeting of the association.

French Congress of Climatotherapy.—A Congress of Climatotherapy and Urban Hygiene is to be held at Arcachon, France, April 24-29, 1905, under the presidency of Professsor Renaud, of Lyons. Among the vice-presidents are Dr. Calmette, of Lille; Professor Grasset, of Montpellier; and Professor Pitres, of Bordeaux. The general secretary is Dr. Lalesque, of Arcachon.

The Kussmaul Endowed Prize.—Professor Czerny has endowed a prize in honor of his deceased father-in-law, the famous clinician, Adolf Kussmaul. The sum of $2500 has been paid for the purpose to the Heidelberg University, and the income will be awarded every third year, on Kussmaul's birthday, February 22d, for the best therapeutic achievement during the preceding three years published first in German literature.

Nominated. — M. Roger, *agrégé* of the Faculties of Medicine, has been named Professor of Experimental and Comparative Pathology in the University of Paris.

Physician Mayors of French Cities.—Twenty-one physicians were elected mayors of their respective cities during the elections in France and seven assistant mayors. Dr. Augagneur has made a brilliant record during his several terms of service as Mayor of Lyons, and his re-election was a matter of course. His nickname in the town is "the emperor." Pozzi was elected mayor of Reims, and Combes, the premier of France, was elected mayor of his home city, Pons.

Homage to Dr. Huchard.—Dr. Huchard, member of the Academy of Medicine, has been formally presented by his friends and pupils with a medal struck in his honor. The ceremony was presided over by Professor Guyon. Numerous addresses were made in eulogy of Huchard's work. The medal represented on one side the profile of the master, and on the reverse an allegorical group with the motto: *In corde spes, vis et vita.*

Ulcerative Colitis.—Dr. William Murrell reports in the Lancet the case of a man, 64 years of age, a patient in the Westminster Hospital, who had had chronic and intermittent diarrhœa for ten years, and during the past twelve months this had been exaggerated, the bowels, as a rule, acting four times in the day and five times at night. He had lost flesh and strength. The stools were fluid, fairly copious, slimy, free from blood, and not offensive. There was no vomiting. There was hyperæsthesia on deep palpation all over the abdomen. A good result was obtained by the injection into the rectum of a 1 per cent. solution of argyrol at a temperature of 80° F. In four minutes the fluid began to be discharged from the mouth. It was proved by chemical analysis to be the same fluid which had been injected. The author quotes a number of cases in which fluids, and even suppositories have been rejected by the mouth after having been introduced into the rectum. Such cases show that the ileo-cæcal valve does not always present the adequacy attributed to it by anatomists, and that it may be permeated by fluids introduced into the rectum.

Subcutaneous Rupture of Muscles.—Eisendrath reports a case of extensive subcutaneous laceration of the abdominal muscles. His patient was caught between two street cars moving in opposite directions, and when seen presented a fracture of the left clavicle, fifth and sixth ribs of the same side, and a tympanitic swelling at the middle of the right iliac crest. Upon operation it was found that the skin alone confined the abdominal viscera, the peritoneum and muscles being ruptured. The muscular structures were sutured to the gluteal fascia with kangaroo tendon. Nine months after operation there has been no recurrence of the hernia.—American Journal of Surgery and Gynæcology.

A Case of Malignant Endocarditis with Recovery.—Charles F. Withington reports the case of a man of 26 years who had had an attack of gonorrhœa the month before he entered the hospital for sudden and severe pain in the cardiac region, and dyspnœa. The temperature was from 102° to 105° F.; pulse, 160 to 170. A thrill, presystolic in time, was felt below the nipple; gallop rhythm. A short systolic was heard in the fourth space to the left of the sternum. There were limited areas of consolidation in both backs. There was marked phlebitis of the left leg throughout its whole extent. Blood was taken from the vein at the elbow and showed, in the culture, gonococci. Few cases of gonorrhœal ulcerative endocarditis have occurred, the writer believes, in which pathologists have been able to demonstrate this organism *intra vitam* in the blood-current. —Medical Record.

Dr. B. Franklin Stahl.—Dr. B. Franklin Stahl is now located at 1727 Pine Street, Philadelphia.

D. Appleton & Co.—The well-known publishing firm of D. Appleton & Co., of New York City, has opened a new office in Philadelphia. The office, at 46 N. Twelfth Street, will be in charge of Mr. John K. Earnest.

French Association of Neurology.—The eighth session will be held at Paris, at the Faculty of Medicine, from the 20th to the 22d of October, 1904, under the presidency of Professor Guyon.

French Congress of Medicine.—The Congress will be held this year at Paris, October 24th to 27th, inclusive.

Dr. Franklin H. Lamb.—Dr. Franklin H. Lamb, of Glendale, has been made Lecturer on Physiology in the Miami Medical College, Cincinnati, Ohio.

Assistant Physicians to Insane Asylum at St. Louis.—Drs. F. L. Whelpley and William J. Loler have been appointed assistant physicians at the St. Louis City Insane Asylum to fill vacancies caused by resignation.

Dr. Ephraim J. McCollum.—Dr. Ephraim J. McCollum, the oldest practitioner of Tiffin, Ohio, was recently entertained by the Seneca County Medical Society, and presented with a silver water pitcher.

Dr. James Moores Ball.—Dr. James Moores Ball, of St. Louis, Mo., has been chosen editor in chief of a new journal, The Annals of Ophthalmology, the first issue of which will appear in October.

Le Compte Prize.—The Paris Academy of Sciences has awarded the Le Compte Prize, of the value of £2000, to M. Blondlot for his researches on the so-called n-rays.

The Middlemore Prize.—At the recent meeting of the British Medical Association the president announced that the adjudicators had awarded the Middlemore Prize of a certificate and a check for £50 for the best original work on ophthalmology brought out during the past three years to Mr. John Herbert Parsons, M.B., B.S., D.Sc., F.R.C.S., of University College Hospital, London.

Dr. Arthur M. Shipley.—Dr. Arthur M. Shipley has been appointed medical superintendent of the University of Maryland Hospital.

Professor Tillaux.—The President of the French Republic has conferred the grade of Grand Officer in the Legion of Honor on Professor Tillaux, President of the Paris Academy of Medicine.

Resignation of Professor Koch.—Professor Koch's resignation in the University of Berlin has been accepted, and Gaffky, Professor of Hygiene of the University of Giessen, has been nominated to fill his place.

Death of a Centenarian Physician.—Dr. Charles F. H. Wilgohs died at his home in Akron, Ohio, aged 100 years and 8 months.

Dr. Augustus G. Pohlman.— Dr. Augustus G. Pohlman, of Ithaca, a graduate of the University of Buffalo in 1900, has resigned an instructorship at Johns Hopkins University to accept an appointment as Assistant Professor of Anatomy in the University of Indiana, located at Bloomington in that State.

Dr. William H. Welch.—Dr. William H. Welch, of Johns Hopkins University, delivered the Lane course of ten lectures on "Infection and Immunity" before the faculty and students of Cooper Medical College and invited guests.

Dr. McKendrie C. Smith.—Dr. McKendrie C. Smith, health officer of Columbus, Ohio, has received the additional appointment of sanitary expert, with the duty of preventing water pollution.

Injurious Effect of Potassium Iodide upon the Eyes.—Galezowsky advises strongly against the use of potassium iodide in syphilis of the eyes. On account of the dilation of the cerebral blood-vessels it may prove injurious to the retina. In the same manner the state of the nasal and ocular mucous membranes of some people renders them peculiarly susceptible to corneal complications developing under the influence of the potassium iodide.—Medical Record.

Tobacco and the Sense of Hearing.—At the Congress of Otology at Bordeaux M. Delie read a paper upon "Tobacco and the Auditory Sense." Tobacco, he said, exercises a direct and selective action upon the auditory nerve, and nicotine brings about circulatory troubles, owing to its exciting action upon the great sympathetic. It also gives rise to, or stimulates, a trophoneurosis which ends in neuritis of the auditory nerve. Tobacco should be used in moderation, and practitioners should warn patients in whom there is already auditory trouble that its action is specially harmful in their cases. In persons who are already suffering from arteriosclerosis or who have a family history of such a condition it ought to be forbidden, and all the more if they are comparatively young.—Lancet.

Fourth Pan-American Medical Congress.—The Fourth Pan-American Medical Congress, which was to have convened the latter part of December of this year at Panama, has been postponed until the first week in January. This was done at the request of many physicians who wished to take part in the congress, but desired to be at home with their families during the Christmas holidays. The congress will be held from the fourth to the seventh of January.

Dr. R. H. L. Bibb.—Dr. R. H. L. Bibb, for many years chief surgeon of the Mexican National Railroad, has been appointed chief surgeon of the combined hospital services of the Mexican National, the International, and the Interoceanic Railroads.

Postgraduate Instruction in Detroit.—The Detroit Postgraduate School of Medicine has been incorporated with a capital stock of $5000, by Drs. Walter R. Parker, Frederick W. Robbins, Charles G. Jennings, David Inglis, Burt R. Shurly, Charles D. Aaron, Frank B. Walker, Andrew P. Biddle, Preston M. Hickey, and Benjamin R. Schenck. The first session opened in the Detroit Clinical Laboratory building, September 1st.

Honorary Degrees.—Among the distinguished members of the British Association on whom honorary degrees were conferred on the occasion of the recent meeting at Cambridge were Prof. Albrecht Kossel, of Heidelberg, and Professor Kavvadias, Ephor-General of Antiquities in the Kingdom of Greece. The former has won world-wide fame by his researches in the domain of chemical physiology, while the latter is best known to archæologists by his excavations of the site of the Asklepeion at Epidaurus, the most celebrated healing shrine of antiquity.

College to Have Library.—Cooper Medical College, San Francisco, is now ready to erect the medical library building provided for in the will of Mrs. Pauline C. Lane, and the authorities of the college have petitioned the Superior Court for permission to sell the property bequeathed by her for this purpose.

Leprosy of the Ovaries.—Drs. Glück and Wodynski have recently directed their attention to leprosy as it affects the ovaries, a subject which has not received all the attention it deserves. That menstruation is interfered with in leprosy has long been known, but peculiarly enough, instead of looking upon this as the result of the disease, just the reverse view was held. Retensio menstruorum was looked upon as an important cause of leprosy by such writers as Theodoricus, Guy de Chanliac, and de Largelata. It was only in the second half of the eighteenth century that more rational views obtained in regard to this matter. Schilling and Hensler then pointed out that Couzier was the first to remark that females who developed leprosy before puberty did not menstruate. It is a fact that leprosy leads to irregularity and sometimes cessation of the menses.

Drs. Glück and Wodynski, who practice in a leprous area (Bosnia), relate the results of their investigations upon this point in the case of six leprous women, who died in Sarajevo Hospital. They found chronic interstitial inflammation, leading to sclerosis of the ovaries, with hypoplasia or atrophy according to the age of the patient. This oöphoritis chronica leprosa originates, they consider, in the following manner: The bacilli circulating in the blood-vessels, together with their toxins, give rise to an arteriosclerosis with obliteration, which reacts by leading to an interstitial cell proliferation. Bacilli were found in the ovarian tissues, both in extracellular and intracellular situation.—Medical Review of Reviews.

Royal Orthopædic Hospital, Birmingham.—Mr. Augustus Clay has resigned the post of honorary surgeon to the Royal Orthopædic and Spinal Hospital, Birmingham. At a subsequent meeting Mr. Clay was elected honorary consulting surgeon to the hospital.

German Medical Temperance Association.—The German Medical Temperance Association held its ninth annual meeting at Breslau on September 21st, during the week of sessions of the Congress of German Naturalists and Physicians.

University of Berlin.—Prof. Oscar Hertwig, Director of Medicine and of Philosophy, Director of the Anatomico-Biological Institute and Member of the Academy of Sciences, has been elected Rector of the University of Berlin for the coming year. Of the ninety-five rectors of that seat of learning, he is the sixteenth who has been chosen from the Faculty of Medicine. Professor Hertwig was Dean of that Faculty in 1894-95. The Dean of the Medical Faculty for 1904-5 is Prof. Johannes Orth, the successor of Rudolf Virchow in the chair of pathology.

Anæsthetization of Diabetics.—Kausch, at the last meeting of the Deutschen Gesellschaft für Chirurgie, laid down the following rules with regard to the administration of anæsthetics to patients suffering from diabetes: (1) General anæsthetics should be avoided if possible, and some method of local anæsthesia be selected, if such be not contra-indicated; (2) the use of a general anæsthetic for strictly diagnostic purposes is to be rejected; (3) the repeated administration at short intervals of a general anæsthetic should be avoided; (4) ether is regarded as the special anæsthetic for diabetic subjects (chlroform is decidedly more dangerous than ether, and is much more liable than the latter agent to set up intense acetonuria); (5) the quantity of the anæsthetic and the duration of its administration should be restricted as much as possible; (6) the administration of a general anæsthetic to a diabetic patient should always be practiced early in the morning, so that the longest period of physiological abstinence may not be unduly extended; (7) every diabetic subject should before the operation be put under the sodium treatment; (8) if coma be threatened, or is already developed, the sodium treatment should be energetically applied by mouth and by rectum, and by subcutaneous and intravenous injections.—British Medical Journal.

British Association.—Prof. George Darwin, of Cambridge, has been elected president of the British Association for the meeting to be held at Capetown in 1905.

Book Reviews.

Tuberculosis and Acute General Miliary Tuberculosis. By Dr. G. Cornet, of Berlin. Edited, with Additions, by Walter B. James, M.D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Handsome Octavo Volume of 806 pages. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5.00, net; Half-morocco, $6.00, net.

This is a very complete and admirable work. It surveys every aspect of the extremely important question of tuberculosis. At this time the possibility of eradicating this scourge is arousing the keenest interest, not only in the medical profession, but also among intelligent laymen. Tuberculosis gathers its victims to an extent of 75 per cent. from the breadwinners. This leads to the calculation that the yearly cost of tuberculosis to Prussia alone amounts to the large sum of 86,000,000 marks. In the first chapter of this work the author gives an interesting historical account of the steps of discovery and experiment which led to the present conception of the pathology of tuberculosis. The tubercle bacillus is next fully described. As the work is so complete and so logically arranged the editors have made but little change in the original text, but in this section they have included a special chapter upon the chemistry of the tubercle bacillus. This chapter has been written by Dr. E. R. Baldwin, of Saranac Lake. The various ways in which the bacilli are disseminated are then described. In notable contrast to the theory of the ubiquitous distribution of the bacillus tuberculosis it is only found outside the human body in the immediate neighborhood of the consumptive. It follows from investigation that practically the greatest importance belongs to the sputum, not, however, when moist, but when dried up and given the opportunity of dispersion. An interesting and instructive chapter is dedicated to the modes of invasion of the tubercle bacillus. Tubercle bacilli are capable of penetrating a microscopically uninjured mucous membrane and even in rare cases the skin. The theory of a special predilection of the lung for the tuberculous poison finds no experimental confirmation. Tubercle bacilli which have invaded the organism regularly develop at the site of invasion or in the next set of lymph-glands. This is the law of localization. A very interesting section expounds the clinical data concerning the infection of various organs. On the important subject of heredity the author finds that the assumption of a seminal transmission of the tubercle bacillus lacks all foundation; that the placental transmission is, however, undoubtedly possible, but that it must be extremely rare. Predisposition is frequently equivalent to exposure.

The second part of the book is devoted exclusively to pulmonary tuberculosis. In this most excellent part the author details the local and constitutional symptoms, explains their genesis and significance, and studies their comparative frequency. This part includes an account of the physical modes of exploration. In successive chapters the author discusses the different courses and types of the disease, its diagnosis, complications, prognosis, prophylaxis, and treatment. The importance of diet, open air and suitable climate are dwelt upon by the author. The substance of his conclusions is expressed in the following sentence: "No single element in the cure, neither air, nor food, nor hydrotherapy, nor medicine, affords any guarantee of success; it is only the satisfaction of all the physiological and hygienic demands of the organism, from the greatest to the least significant, that can bring about this result, and of this fact the physician should not for a moment lose sight." A mass of information is furnished concerning the European health resorts, and the American editors have enumerated those of this country. All the drugs employed in the treatment of phthisis are studied seriatim and appraised according to the author's wide experience. In the concluding part of the work we find an excellent account of acute general miliary tuberculosis. The volume is one to be highly recommended.

Modern Surgery: General and Operative. By John Chalmers Da Costa, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Handsome Octavo Volume of 1099 Pages, with over 700 Illustrations, some in Colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

This useful treatise comes to us again revised in accordance with the progress of the last four years. The general plan of the original work remains unchanged. The remarkable activity and progress in the field of surgery renders frequent revision absolutely necessary if a work is to retain an authoritative position. The book is written in an interesting, direct, and concise style. Its statements are based upon broad research and ample experience. It furnishes to the student an excellent introduction to the science and art of general surgery. For the practitioner it is a reliable guide in daily practice. It is representative of the present stage of knowledge and procedure. A large amount of space is given to the subjects of fractures and dislocations in accordance with their importance. The sections upon treatment and the descriptions of the various established operations are clear and instructive. Those upon diagnosis are full and exact. The author takes up no space with a discussion of antiquated ideas or methods or of fanciful and unprovable theories. The reader is given a presentation of the surgery of to-day, which is in many respects revolutionized from what it was when the author was an undergraduate. Except for historical purposes and to exemplify the contrast between the past and present it is useless to dwell upon obsolete conceptions and methods.

The Story of New Zealand. A History of New Zealand from the Earliest Times to the Present, with Special Reference to the Political, Industrial, and Social Development of the Island Commonwealth, including the Industrial Evolution Dating from 1870, the Political Revolution of 1890, the Causes and Consequences, and the General Movement of Events Throughout the Four Periods of New Zealand History. By Prof. Frank Parsons, Ph.D., Director of the Department of History in the Bureau of Economic Research, Washington, D. C., Lecturer in the Boston University School of Law, etc. Edited and Published by C. F. Taylor. Equity Series, Philadelphia, 1904.

New Zealand has initiated a number of remarkable social and economic innovations. In this work we find an interesting account of these changes and the contribution which has been offered toward the settlement of great and complicated questions as well as the adjustment of taxation in such a manner as to raise sufficient revenue without taxation being felt as a burden. The story of the progress in public matters is correlated with the history of the colony. Woman suffrage is now unqualified, including both native women and those of British birth or descent. The radical experiment is said to have worked well in New Zealand. One of its results has been the promotion of the prohibition cause. A secondary result is that Australia has been led to adopt woman suffrage. Excellent laws have been passed relating to land labor, commerce, and the trades. New Zealand is the land of the eight-hour day. Eight hours is recognized as the standard working day both in public and private service. Laws have been enacted which go far toward settling labor disputes. The post and telegraph, railway men, and other employees of the government have appeal boards before which they may bring for decision any question which arises between them and the management of the department. There is a general arbitration court which has jurisdiction of industrial disputes throughout the colony. Strikes and lockouts have been abolished. Unbroken industrial peace has reigned during the eight years since the Act went into effect. Public works are constructed on the plan of co-operation between the government and the workmen. There is a system of old age pensions by which those who have outlived their usefulness are saved from the degradation of the poorhouse. Laws have been passed by which undesirable or dangerous inmigrants are excluded. The system of taxation in New Zealand is so arranged that the public revenues are derived from the more prosperous.

From all that has been said it is evident that the people of New Zealand have carried into successful operation many reforms of a most important character. Many suggestive ideas may be obtained from a thoughtful perusal of this book.

COMMERCIAL NEWS.

◆

SEPTICÆMIA.

By A. C. Muttart, M.D.,
NEW YORK CITY.

Believing that the following case will be of interest to you, as well as the medical profession,—to you because it proves the value of your preparation, to the physician because it shows that our text-books sometimes err and because cases of this kind and at this stage are usually considered hopeless,—I beg to submit the following report:—

On June 21, 1900, I was called to see a lady who, according to the prognosis of her attending physician, could not live twenty-four hours. A subjective examination elicited the following history: Mrs. J. H., age 26, multipara; previous health especially good; on June 5th had been delivered of a stillborn, full term, third child. For two weeks following she had experienced a considerable pain through the pelvic region, with two slight hæmorrhages accompanied by a very offensive lochia. On the 13th she had a slight chill, followed by a decided rise of temperature, which had continued until and was present at the time I was called. Objective examination disclosed a temperature of $106^{1}/_{5}$° F. Pulse, 158, and very irregular. Respiration, jerky. Tongue, slightly coated. Marked distension of the abdomen and bowels; constipated, no movement having occurred in several days.

It was a very clear case of septicæmia, and if anything was to be done it must be done at once. Strychnine sulphate, gr. $^{1}/_{30}$, was administered hypodermically, and after cleaning out rectum and lower bowel, gave spiritus frumenti and ammonia per enema. The patient was then rendered as aseptic as possible, and being anæsthetized (ether being the agent used) was placed in the dorsal position with hips drawn well to the side of the table and thighs fixed and held. After a hasty digital examination placental forceps were introduced and with the assistance of the middle and index finger succeeded in removing about one-third of a decomposed placenta.

Owing to the lateness of the hour, all drugstores were closed and the only antiseptic I happened to have about my office was a bottle of Glyco-thymoline. This, being considered as better than nothing, was taken along; also some saponi viridi. After removal of the placenta the entire endometrium was gone over thoroughly and carefully with a sharp curette. The uterine cavity being then irrigated with Glyco-thymoline pure and loosely packed with gauze soaked in the same solution, as was also the vagina, my object being to obtain its exosmotic effect as well as contraction of the uterine walls.

Postoperative saline enema was given at 4 A.M., and cardiac stimulants withdrawn. Temperature at 8 P.M. was $103^{2}/_{5}$° F.

January 22d, 8 A.M., temperature, 102° F.; at 8 P.M., 101° F. Dressing removed and directed that vaginal douches of creolin, 1 per cent., be given every four hours.

January 23d, 8 A.M., temperature, 102° F. Uterine dressing forceps well wrapped with gauze were passed over the endometrium to remove any blood-clots which might have been retained, and uterine irrigation with a 1 to 5000 solution of bichloride of mercury, followed with 95 per cent. alcohol, and then packed with gauze soaked in the alcohol solution,—*i.e.*, "Practical Obstetrics," third edition. Temperature at 8 P.M., $103\ ^{3}/_{5}$° F.

January 24th, 8 A.M., $103^{4}/_{5}$° F. Dressing removed and uterus irrigated with pure Glyco-thymoline and packed with gauze soaked in same, as on first occasion. At 8 P.M., temperature, 102° F.

January 25th, 8 A.M. temperature. $101^{3}/_{5}$° F.; 8 P.M., $100^{3}/_{5}$° F. Dressing removed and again irrigated and packed with Glyco-thymoline and gauze.

January 26th, 8 A.M. temperature, $99^{4}/_{5}$° F.; 8 P.M., temperature, $99^{2}/_{5}$° F.

(Continued on Advertising Page 18)

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January 27th, 8 A.M. temperature, $99\frac{1}{5}$° F. Dressing removed and irrigation with Glyco-thymoline only. At 8 P.M., temperature, 99° F.

January 28th. Temperature normal and remained so. Irrigation continued in conjunction with tampons of Glyco-thymoline and ichthyol for two weeks.

Fifteen months later the patient was delivered by me of a full-term, eleven-pound child and enjoyed a rapid convalescence.

Since then I have employed Glyco-thymoline as an intra-uterine application in a great many cases and cannot recall one instance where it failed to prove most satisfactory.

SOME INTERESTING CLINICAL REPORTS ON DROPSY.

By R. F. Schellschmidt, M.D.,

BURKSVILLE, ILL.

In going over the large number of medical publications which come to me, I find none more interesting than those which deal with the purely clinical aspects of medicine. Some journals are filled with long articles which discuss the theoretical questions, but no clear ideas are given to the earnest, everyday physician who most zealously seeks help. To be useful to the average physician, an article ought to be clear, and point out a means by which he can do something which is now impossible or tell him how he can do something better. In this article I have endeavored to stand aloof from theory and go right into the citation of cases which have occurred in my practice. So, doctor, if you see a case here that I have not spoken in a way to lead you to believe that I understand the theory of causation, etc., I invite you most cordially to spin a theory to suit yourself.

The cases which I give below are selected from my note-book and have been prepared hurriedly; still, I trust earnestly that they be found of more than passing interest.

As I shall, in the citation of cases, refer to this point, I may say that our therapeutics have been singularly deficient in some drugs that are employed in diseases where there is functional derangement. We have, for instance, cardiac stimulants of various kinds, and all of them are very valuable in certain conditions, but until very lately we had no remedy that could confidently be relied upon to equalize the action of both sides of the heart, so that neither venous stasis nor arterial engorgement would occur. This is, I think, the action of Anasarcin on the circulatory apparatus.

Now let me take up the clinical reports:—

Case I.—F. L., aged 33. The patient was a farmer and of a very amiable disposition with decidedly convivial habits. In fact, this part of his character was overbalanced, and he went on periodical sprees. For some time these sprees were very close together, and if one allowed himself to be a trifle uncharitable, he might say he was "nearly always drunk." I had often been called to see this man, and had often

(Continued on Advertising Page 20.)

The Chinese

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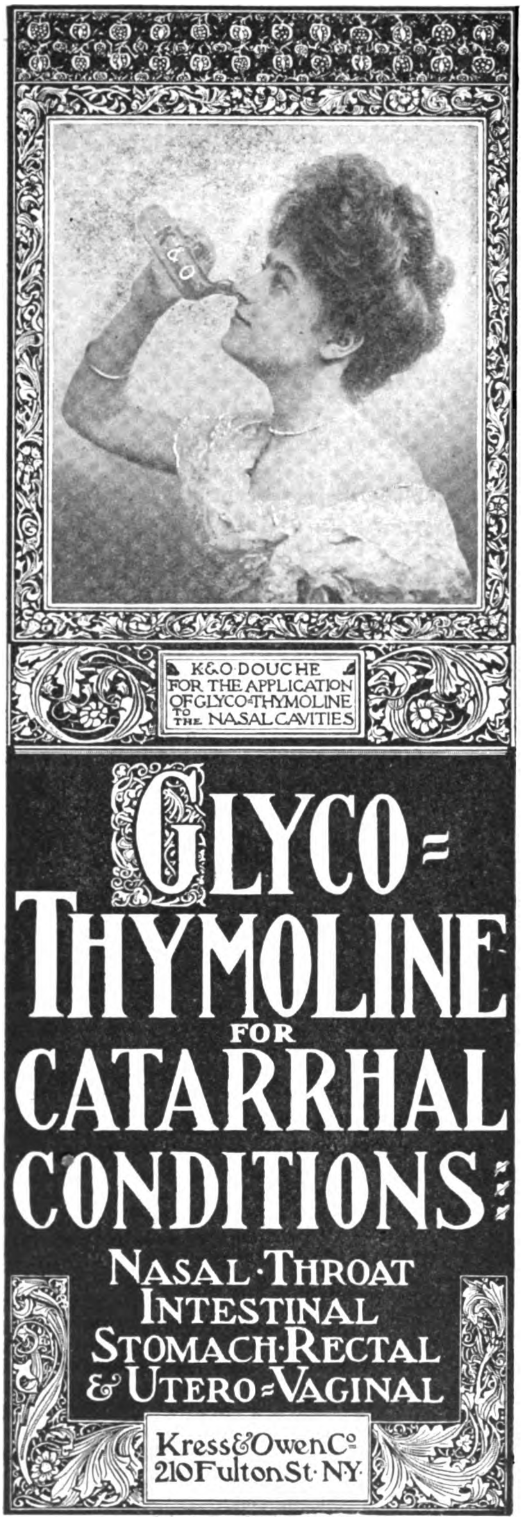
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third month, and with the fond hope of carrying this child to full term she had refrained from any physical labor whatever. She was unfortunately greatly affected by morning sickness. She noticed blood-spots on her clothes as a result of straining, and one morning she had a considerable hæmorrhage. In attending to her I found she had varicose veins, which had given her a great deal of trouble. I put the patient on Anasarcin tablets, 1 three times daily, and a dose ($^1/_2$ ounce) of Epsom salts every third day. She was seen several days later when she was up. She had no recurrence of the hæmorrhage and was getting on well. Her varicose veins were rapidly diminishing. Her circulation was good and her heart gave her no trouble. Despite the fact that this woman had a hæmorrhage, she went on to full term and gave birth to a healthy child.

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can do for a patient what was accomplished in this instance. But I never was anything of a therapeutic nihilist, and do not intend to run this article into an apology for my belief in the curative action of drugs. I leave this to those who have abundance of leisure.—New Albany Medical Herald, August, 1904.

THE USE OF ACETOZONE IN OTOLOGY AND RHINOLOGY.

By John F. Barnhill, M.D.,

Professor of Otology, Central College of Physicians and Surgeons; Chairman Section on Laryngology and Otology, American Medical Association; Indianapolis, Ind.

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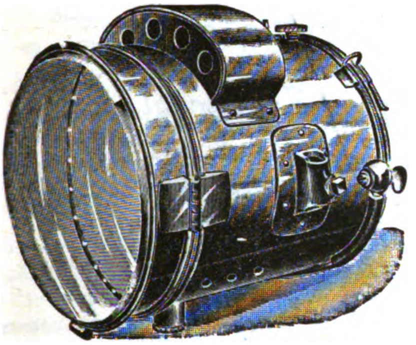

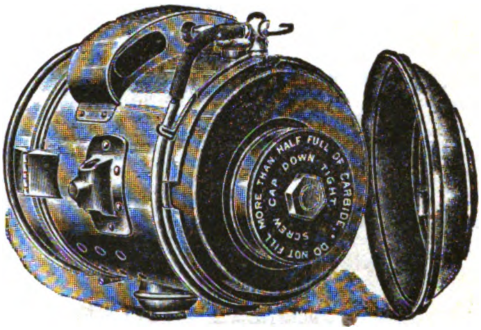

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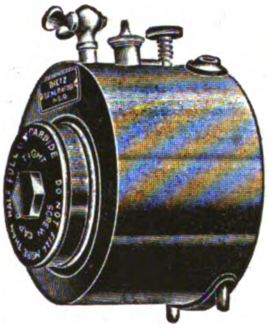

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"The subject of internal secretions, as far as yet known, has already shown us some surprising revelations in therapeutic possibilities. It is reasonable to suppose that as knowledge advances we shall recognize more fully the potentialities of treatment by means of ductless glands, their extracts and secretions.

"In order to further this movement we should be pleased to open the columns of THE MEDICAL BULLETIN to subscribers, contributors and members of the profession to the discussion of these important topics. While the solid basis of success and advance must be pure science, yet applied science in therapeutics is, after all, what chiefly concerns the general practitioner, and not only that useful and hard-worked individual, but, also, and particularly, his patients. Short, practical communications upon the efficacy of the ductless glands in therapeutics, and especially of the adrenal system, as outlined by Dr. Sajous, may have a large share in determining the exact position which they shall occupy in the treatment of disease. This is the goal toward which the practitioner's eyes are ever eagerly directed. Everything, to his conception, converges to that end. The discoveries of science interest him chiefly in proportion to their usefulness in alleviating the miseries of mankind."

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MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXVI. PHILADELPHIA, NOVEMBER, 1904. No. 11.

Address.

AIDS TO THE RECOGNITION OF DISEASE.[1]

By JUDSON DALAND, M.D.,

Professor of Clinical Medicine in the Medico-Chirurgical College, Philadelphia.

LADIES AND GENTLEMEN:—

In obedience to the command of the faculty it becomes my pleasant duty to extend to each of you, in their name, a hearty, thrice hearty welcome. When I gaze into your bright faces, so full of hope and determination, I wish I could speak to you with some of the eloquence possessed by those who discharged this duty in previous years.

To-day marks the commencement of the labors of the college year. Let us therefore join hands as friends, always remembering that your faculty has a deep and personal interest in the welfare of each student. As the youngest member of this body it is eminently proper for me to tell you that it has long been known that the faculty of the Medico-Chirurgical College comes in closer and more frequent personal contact with the students than any other similar teaching body in Philadelphia.

The selection of a subject for an occasion like the present is not easy, despite the wide range that custom permits. As your lives will be devoted to the prevention and cure of disease, it may be advantageous to address ourselves to questions concerning "Aids to the Recognition of Disease."

More than two thousand years ago, in the days of Hippocrates, anatomy, physiology, pathology, physics, and chemistry were practically unknown. Knowledge of disease was based upon symptoms, the pulse, the respiration, the naked eye appearance of the body, its secretions and excretions, the limited use of palpation, and such changes in temperature as could be detected by the hand. It is but natural, therefore, that false concepts existed regarding disease. As deafness sharpens vision, so the limitations surrounding Hippocrates increased his power of observation. His descriptions of diseases are remarkable for their fidelity, and his recorded observations of the face of the dying are unsurpassed.

The power of observation is given to all, in varying degrees; with some it is a gift, with others constant training is required until it becomes one of the strongest and most satisfactory aids to the recognition of disease. The educated and well trained observer should not restrict himself to the physiognomy and the external portion of the body, and its various inlets and outlets, but should give careful heed to the manner and words that the patients employ in describing symptoms. Variations in the rate of utterance, alterations in the sequence of ideas, change in the quality of the voice, and the rapidly moving countenance, all give valuable information as to the cerebral condition of the patient. It is true that physicians of the prescientific period were far more observant than those of to-day. The many examinations and the employment of numerous instruments of precision give the modern physician a multitude of facts, the obtaining of which exacts so much time and skill that his inferiority to the physician of the older period in the direct observation of the sick is not surprising. This fault is widely prevalent, and indicates sloth, carelessness, lack of capacity, or ignorance. Minute and comprehensive observation of the sick is a fundamental requisite which must not be slighted nor neglected. Despite the fact that the mass of evidence gathered, in the scientific study of a chronic disease is so great, and the amount of time, attention, and skill exacted of the examiner so considerable, we must not overlook the supreme importance of the correct interpretation of these observed facts, which interpretation is ofttimes considerably influenced by the results of minute, direct observation of the one suffering from disease.

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[1] **An introductory lecture to the Medico-Chirurgical College, session of 1904-1905.**

No instrument of precision exists for the determination of the relative value of the various symptoms of which a patient complains, some of which may be purely imaginary; so that it is a matter of no little importance to give attention to every detail while the patient is describing his abnormal sensations, and by minute cross-examination endeavor to correctly appreciate his sensations. The acquisition of this ability is difficult, and calls into play not only the resources of a well stored medical brain, but also taxes to the utmost your knowledge of human nature and the mode of life and thought of the various individuals who make up the community in which you dwell. Human testimony is proverbially uncertain, which uncertainty is more thoroughly appreciated by the legal than by the medical profession. The arrangement of accumulated observations in the order of their importance, so that one may appreciate their interdependence and co-relation and give to each logical consideration, is an exercise of the mind the neglect of which too often renders correct deductions impossible. I therefore strongly urge upon your attention the prime importance of active and trained cerebration.

As has already been said, in the early history of medicine diagnosis was limited to the recognition of symptoms, then considered diseases, such as dropsy and jaundice. To-day dropsy is known to be a symptom of many disorders, and in making a diagnosis we must ascertain if this symptom is due to the blood, as in pernicious anæmia; to the heart, and if so, whether the morbid process is in the membranes covering its interior or exterior; to changes in the valves, orifices, cavities, or muscles; to alterations in the general circulation, or that which nourishes the heart, or to disease of the walls of these or other vessels, or to interference with their lumen by foreign bodies lodged within or by pressure from without. Dropsy may be due to diseases of the lungs, as in emphysema; of the liver, as in cirrhosis; of the kidneys, as in Bright's disease; of the nervous system, as in angioneurotic œdema; of the lymphatic system, as in lymphangitis; or to parasites, as the filaria or the bacillus of malignant œdema. The precise nature of the morbid process must be determined as well as the exact cause or causes that have finally produced such alterations as to permit of the occurrence of so marked and common a symptom as that of dropsy.

Modern diagnosis may be subdivided into the etiological, the anatomical, the pathological, the bacteriological, the topographical, the clinical, the differential, the presumptive and the retrospective, and last, but not least, the therapeutic.

The recognition of disease was coincident with the beginning of the study of anatomy and the discovery of the circulation of the blood by Harvey a little more than three centuries ago. About this time

Galileo invented the thermometer, which made possible the measurement and recording of the temperature of the body, the value of which, in the recognition of disease, is now appreciated. As with other great discoveries, the thermometer attracted but little attention and was seldom used, and, strange as it may seem, there are physicians living to-day who easily recall the time when its employment was almost unknown. In the Philadelphia Hospital its use began in 1875.

To Wunderlich[1] we owe our gratitude for placing in book form the results of sixteen years' study of thermometry, by which the profession was convinced of its great value. It is a pleasure to record that the author's hopes have been realized and that he did "offer his medical brethren a useful and usable clue to enable them to discover the true value of thermometric data."

It is difficult to estimate the enormous value of thermometry as an aid to diagnosis, as it is difficult to appreciate the amount of suffering and the number of lives that have been saved through its instrumentality.

In the words of Wunderlich,[1] "The use of the thermometer in disease is, therefore, an objective physical method of investigation which gives exact and accurate results in signs which can be measured and expressed numerically; which is delicate enough to follow every step in the changing process of the organism, and places at the disposal of the practitioner a phenomenon dependent upon the sum total of the organic changes of the body." A partial realization of the value of the thermometer will be experienced if we imagine ourselves endeavoring to diagnose, without its aid, the eruptive fevers, rheumatism, malaria, and pulmonary tuberculosis.

According to Mitchell,[2] Hermann Kepler was the first to count the pulse, and Galileo, observing the unerring regularity of the swing of a suspended lamp, conceived the idea of marking with a pendulum its rate and variations.

The watch was first used in the beginning of the eighteenth century, and by its aid, for the first time, an accurate count of the pulse and a method of recording began.

Auenbrugger,[1] in 1761, gave to the world his discovery of percussion, after seven years of observation and reflection, which discovery slumbered nearly half a century before it was rediscovered by Corvisart, from which time its great value began to be appreciated. This sign, one of the most important aids to physical diagnosis, gave information which was otherwise unobtainable, and then for the first time diseases of the lungs and effusions into the pleural and pericardial cavities were accurately recognized. This method is now in universal use and is indispensable to the diagnosis of various morbid conditions, especially those within the thoracic and abdominal cavities. Numerous modifications have been suggested from time to time, the most valuable of which is simultaneous employment of auscultation with percussion.

In 1818 Laennec,[2] after two years of study and observation, communicated his discovery of auscultation to the French Academy of Science, and in the succeeding year published his treatise upon "Mediate Auscultation." The story of the inception of this discovery is interesting.

"One day, while traversing the court of the Louvre, he perceived some children amusing themselves by applying the ear to the two extremities of a long beam or piece of wood, and transmitting reciprocally, the light sound arising from the blow of the finger against the opposite end. In the intermediate space no sound was perceptible. Laennec reflected upon this, and some days after, on being consulted by a young woman presenting the general symptoms of cardiac disease, with whom percussion was unsatisfactory on account of her stoutness; and her age and sex prohibiting the direct application of the ear to the chest, he recalled the children in the court of the Louvre. Immediately he took a quire of paper and made a tight roll, one end of which he applied to the chest of the young girl and the other to his ear. With delight he found that in this way he perceived much more plainly the beating of the heart." Richardson[1] cleverly comments upon this story by saying that "the discovery of auscultation waited for that fat young lady with heart disease, whose chest could not be touched by ears polite, for the quire of paper that admitted of being rolled into a tube for listening through, and for this man Laennec to do the part of thoracic eavesdropper." The far reaching influence of this discovery is to-day plainly apparent, and marks one of the most brilliant pages in the history of medicine.

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[1] "Medical Thermometry," The New Sydenham Society, London, 1871.

[2] "History of Instrumental Precision in Medicine," University Medical Magazine, October, 1891.

[1] "Auenbrugger and Laennec, the Discoverers of Auscultation," Edward Otis, Transactions of the American Climatological Association, xlv, 1898.

[2] *Ibid.*

The stethoscope, as well as the thermometer, is now an absolute necessity to every physician. Upon it rests the diagnosis of morbid changes in the heart, its valves and orifices, and by its aid diagnosis of diseases of the lungs and pleuræ is facilitated. Our own Anders has successfully employed auscultation in the detection of gall-stones in the gall-bladder.

The wonders that have been revealed by the microscope excite in the mind of every true physician a feeling of intense admiration, verging on reverence, for the genius who conceived and perfected this magnificent instrument of precision. The astronomer, doubtless, experiences similar feelings regarding Roger Bacon, the discoverer of the telescope. Without the microscope we would be ignorant of all the tissues, secretions, and excretions of the body, both normal and abnormal, that are invisible to the naked eye, and many of the well known diseases of the various organs of the body and most of those affections dependent upon animal and vegetable parasites would have remained undiscovered.

This instrument is indispensable to every physician, no matter in what domain of medicine he may be working. It is almost incredible, yet true, that within the memory of physicians yet living in this city there was a time when but few knew how to employ this instrument. The history of the microscope illustrates the extraordinary rapidity of the progress in medicine during the past fifty years. I believe that greater advance has been made during the past hundred years than in all the preceding centuries.

Gowers[1] states that "the ophthalmoscope permits of the observation of: 1. The termination of an artery and the commencement of a vein and the blood circulating within them. 2. The termination of a nerve, which, from its close proximity to the brain, and from other circumstances, possesses significant relations to the rest of the nervous system. 3. A nervous structure—the retina, which suffers in a peculiar way in many general diseases. 4. A vascular structure—the choroid, which also presents changes in certain constitutional affections." From these fundamental facts it is easy to appreciate the intimate and close relationship that exists between ophthalmoscopy and internal medicine, and its value as a diagnostic instrument. By its aid data may be secured, which, together with other signs, clearly point to certain functional and organic diseases of the nervous, the cardio-vascular, the urinary and blood systems, as well as to many chronic general maladies, among which may be mentioned tuberculosis, syphilis, rheumatism, gout, and poisoning by lead, alcohol, and tobacco. From that brilliant ophthalmic surgeon, Dr. Fox, you will hear more of the ophthalmoscope as a diagnostic instrument during the coming year.

---

[1] "Laennec," Benjamin Ward Richardson, The Asclepaid, 5, 1888.

[1] "Medical Ophthalmoscopy," W. R. Gowers, second edition, London, 1882.

The pulse tracer, or sphygmograph, by which is recorded the pulse waves, is an instrument requiring especial care in its use. It is employed in therapeutic research and as an aid to the study of the pulse, but is of limited value in clinical work. More recently the Riva-Rocci blood-pressure indicator has been shedding a new light upon variations in blood-pressure, under normal and abnormal conditions, and is destined to occupy a permanent place in practical medicine.

The laryngoscope and rhinoscope are instruments of the greatest value in the recognition of diseases of the posterior nares, larynx, and trachea. They make visible many abnormal conditions which would otherwise be obscure, and its relations to general medicine are most valuable. I shall give but a single example of its value, in the recognition of disease, by mentioning the ease with which unilateral paralysis of the vocal cords may be recognized; and this, in association with displacement of the trachea, are useful signs in thoracic aneurism.

The diagnostic value of the otoscope and the tuning fork is firmly established.

The recognition of certain diseases of the nervous system has been greatly aided by the employment of faradic, galvanic, and static electricity; the manometer, the æsthesiometer, and by percussion of tendons by means of a rubber hammer. The invaluable service of the ophthalmoscope and thermometer must not be forgotten in this connection.

Accuracy in the diagnosis of diseases of the stomach began when Kussmaul, in 1869, first used the stomach pump and the tube, and in like manner the diagnosis of diseases of the intestines has been aided by the use of the colon tube.

The centrifuge, by percipitating sediment from the urine, sputum, and other fluids, is an instrument, now in almost universal use, which has contributed to the diagnosis of many maladies.

The recognition of certain morbid states of the blood, and their proper differentiation, is comparatively new, and in this work the microscope has played the largest rôle. The counting of the red and white blood-cells, by means of the hæmocytometer, and their volumetric estimation by hæmatokrit have given exact information by the aid of which diseases presenting similar clinical pictures may be differentiated, particularly when this data is conjoined with that obtained from the hæmometer, by which the percentage of the hæmoglobin may be determined. The enumeration, staining, and microscopical study of the white blood-cells, in order to learn whether they vary from normal, and the differential count, by which the number of the different forms of leucocytes may be ascertained, have also aided in the diagnosis, not only of diseases of the blood, but also of other organs.

Roentgen, in 1895, stated that he was able to penetrate opaque objects by what he called the x-ray. This announcement was received with astonishment, not unmixed with incredulity.

All now recognize its extraordinary value for diagnostic and other purposes, and its use, which is already general, is daily extending. To be able to see the heart beating, an aneurism pulsating, the diaphragm moving with each inspiration and expiration, was never conceived of by the fathers of medicine. To-day the diagnosis of a pleural or pericardial effusion, a cerebral tumor or abscess, a fracture, a dislocation, a stone in the kidney, ureter, or bladder, is seldom completed without the corroborative evidence offered by that most wonderful and remarkable of all our recent aids to diagnosis, the fluoroscope and radiograph. Dr. Pfahler has made for himself an enviable reputation in this field.

That gentle scholar and true physician,

Da Costa,[1] overwhelmed by the rapidity with which one new discovery followed upon the heels of another, forecasted the practice of medicine of the future, in the following delightfully humorous, though slightly satirical language: "Madam is in her *boudoir*, reclining on the sofa, in expectation of her medical attendants. A drag drives up, from which alight two servants with heavy bags, who assist four doctors to descend. The fraternity is announced and, followed by the servants, enter the room. The bags are deposited; the servants withdraw, and, after the exchange of a few remarks, the examination begins. Dr. Ready, the junior practitioner, conducts the first inquiries, makes the ordinary investigation of the different organs, and before finishing pulls out of his pocket a tablet containing the volumetric examination of every fluid of the body, completed since the last visit. This is looked at by all. Dr. Reckoner then takes traces of the movements of the heart, of the pulse, of the actions of the muscles, records of the velocity of their contraction, and estimates the amount of nerve-supply, showing the diagrams and figures to the patient, who inspects them with the look of a connoisseur. Dr. Eyeman now applies the improved ophthalmoscope, which photographs as well as is used to see by. Again Madam shows active interest and declares that the picture is very pretty. A mysterious nodding and whispering takes place. There has been indigestion, with pain at the pit of the stomach—can there be anything wrong with the blood-vessels there? Dr. Magnet, who is a very accomplished physicist, steps forward: 'If you will permit me, I will make you transparent.' And by means of a modified, portable Ruhmkorff coil, and an instrument with lenses dexterously passed into the stomach, the fair patient is really rendered transparent. The examination is completed; fortunately no serious lesions exist, and a consultation held in the next room results in the advice to take a few glasses of soda water and a daily ride on horseback."

To-day, thirty-two years later, it is not at all uncommon that a patient seriously ill requires the aid of four or more skilled specialists and that a carriage is necessary for the transportation of the x-ray apparatus, electric batteries, the microscope and other instruments employed in the examination of the blood and circulatory apparatus. Dr. Ready does prepare a variety of laboratory reports upon the fluids of the body, and Dr. Reckoner often finds it necessary to employ the sphygmograph, the blood pressure indicator, or electricity, and other instruments to determine the condition of the cardio-vascular, the nervous, and the muscular systems. Dr. Eyeman quite frequently presents his ophthalmoscope findings, together with a very "pretty picture" showing the fields of color and vision; and Dr. Magnet is able, by the use of the x-ray, to make the body transparent and to illuminate the stomach by the introduction of an electric light.

The advance in our knowledge of physics and chemistry during the past two generations has been perhaps more rapid than that in any other department of medicine, and to this great science of chemistry diagnosis owes an enormous debt of gratitude, which is yearly increasing. The discovery of free hydrochloric acid and pepsin laid the foundation for correct concepts regarding a number of affections of this organ, and the determination of the amount of this acid, or its absence, is a most important sign of certain of these diseases. In the recognition of diabetes and diseases of the kidneys we have grown to depend largely upon the discovery of sugar and albumin in the urine. The discovery of oxybutyric acid or aceto-acetic acid is often the first signal of an oncoming coma of diabetic origin. The large and important subject of toxæmia, more especially of intestinal origin, is ofttimes revealed by finding indican and skatol in the urine; and abnormal changes in metabolism are sometimes suggested by the detection of acetonuria. These are but a few examples of the extraordinary value of chemistry as an aid to the recognition of disease, and many more may be cited. You are fortunate in falling under the instruction of Dr. Meeker, who will arouse your enthusiasm by pointing out the great practical importance of a knowledge of chemistry as an aid to the recognition of disease.

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[1] "An Address upon Modern Medicine," Philadelphia, 1872.

The intelligent use of instruments of precision in the recognition of many diseases, organic or functional, would be difficult or impossible in the absence of exact anatomical and physiological knowledge, and unfortunately the time forbids dwelling upon numerous examples that may be cited illustrating the intimate relationship existing between these fundamental branches of medicine and diagnosis.

The continued splendid progress of pathology and bacteriology during recent years has enriched our knowledge by demonstrating the true nature of many diseases. The clinician's diagnosis is, in many maladies, entirely dependent upon his knowledge of pathology and bacteriology and many affections apparently similar are now easily differentiated with absolute certainty.

It is necessary to mention a few important illustrations, as, for example, the diagnosis of tuberculosis by means of the tubercle bacillus, malaria by the malarial parasite in the blood, of diphtheria by the Klebs-Loeffler bacillus, and of typhoid fever by the Widal reaction. Your enthusiastic Professor of Pathology, Dr. McFarland, will give you in detail many examples of the relationship of pathology and bacteriology to the recognition of disease.

In certain conditions, where diagnosis is impossible, modern surgery is able to reveal the truth; moreover, greater accuracy in diagnosis enables the surgeon to plan operations which he would otherwise hesitate to undertake. The exact nature of many obscure diseases within the cranial, abdominal, and pelvic cavities may be demonstrated by the aid of surgery.

It is scarcely necessary to enumerate the diagnostic instruments peculiar in this important domain of medicine, since they are familiar because of their constant employment in the clinics of Drs. Laplace, Rodman, and Ashton. I must not, however, omit to mention the aspirator, by which fluids may be removed from the various cavities of the body, the examination of which frequently establishes the true nature of the disease; the endoscope, urethral and ureteral catheter, and the sound are a few of the many instruments of precision employed in the investigation of certain organs, cavities, and canals of the body.

Bacteriology has given therapeutics the antitoxin treatment of disease, and the advance in etiological diagnosis is responsible for the growth of preventive medicine.

Further advances in the pathological and etiological recognition of disease will pave the way for greater advances in therapeutics. The relation of diagnosis to therapeutics is reciprocal. Accuracy in diagnosis permits the therapeutist scientifically to select those agents that do most good, and occasionally the diagnostician calls to his aid the resources of therapy. The specific action of quinine has been employed to differentiate malaria from other affections, but the detection in the blood of the malarial parasite will render this procedure unnecessary. The remarkable tolerance to the iodide salts of those suffering from syphilis is sometimes useful as an aid to the recognition of this disease. Occasionally, when the heart is acting feebly, irregularly, and rapidly, an indistinct murmur may be accentuated and correctly studied by increasing the force and lessening the frequency and irregularity of the action of the heart by the administration of digitalis.

The numerous examples of interdependence of diagnosis and therapeutics, of which I have given but one or two, will be demonstrated to you by Professor Shoemaker, in whom is happily combined the thoughtful therapeutist and skilled physician.

In conclusion, allow me to repeat the words of Stillé[1]: "Every young physician must, indeed, begin his career chiefly among the vulgar and illiterate, but in due time, and all the sooner the better he is prepared for it, he will enter the circle of the intelligent, the educated, and the refined, and then, if he is a mere dispenser of drugs or brandisher of instruments, he will fail to gain their esteem as a man, even while he commands their employment of him as a helper in their emergencies. But if he is a man of liberal education, of cultivated intelligence and taste, and has that large humanity which makes him feel instinctively that his patients are not diseases or injuries, but suffering human beings who may be influenced by psychical as well as physical agencies, he will learn that mental medicine is often more potent than drugs, and that, if in his therapeutics he has not included this agency, he lacks one-half of the power he ought to possess."

Clinical Lectures.

ANGINA PECTORIS.[2]

By John V. Shoemaker, M.D., LL.D.,

Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

Gentlemen: This man, 66 years of age, was admitted to the hospital five days ago. His father died at the age of 45 and his mother at 58, from what causes he does not know. He is a widower, and has had five children, all of whom are dead. He was a soldier in the Civil War. He contracted gonorrhœa at the age of 25 and until eight months ago had no other illness. At that time he was attacked by pleurisy, which left behind it pain over the lower part of the chest. Three months ago he had several attacks of vertigo. Ten days ago he suffered from pain in the head and back of the neck, followed by vertigo and pain over the heart. He fell on the street, partially unconscious. A few days later he experienced a similar attack, in consequence of which he was brought into the hospital.

His lungs are normal except at the lower border, where fine râles are heard on inspiration. His blood-vessels are atheromatous and his heart is dilated. The liver, also, is augmented in size and extends two finger-breadths below the costal margin. His urine is of acid reaction and of specific gravity 1.012. It contains neither albumin nor sugar. His pulse is rapid, irregular, and intermittent. The temperature is practically normal. The sounds of the heart indicate that its muscular structure is enfeebled. His tongue is red and irritable. The sclerotic coat of the eye is of a muddy hue, denotive of faulty functional action of the liver. He is the victim of a general sclerosis. This sclerosis is the keynote to the situation.

Arteriosclerosis is incidental to old age. The coats of the vessels undergo degeneration of a fatty and fibroid character. The process may be limited to certain arteries, or portions of their course, or it may extend to many of the vessels. In a later stage there is often a deposit of calcareous salts, which cause the affected vessels to feel like a rigid tube beneath the finger. Not infrequently this condition affects the radial arteries, where it can be readily recognized. When you have once felt such a vessel beneath your finger you can never forget the sensation. The beginning portion of the aorta and the coronary arteries are especially liable to become the seat of atheroma. The arteries may be thickened by the morbid deposit which has taken the place of the normal tissues and which is less vitalized. You can realize without any further words that, when fatty, fibrous, or mineral matter replaces muscular fiber, the functions of the blood-vessels must be greatly impaired. They are less vigorous and less contractile. The quantity of blood which they can deliver to the tissues must be lessened and it must be irregularly delivered. Consequently nutrition must seriously suffer. How seriously depends upon the particular vessels involved. The arteries, being at once rigid and weak, are liable to sudden rupture in response to any excessive strain. If the cerebral vessels are atheromatous the patient is liable to attacks of giddiness or vertigo, with a tendency to syncope, a more or less complete loss of consciousness, and the individual falls, wherever he may be, as this man fell in the street. I have had under my observation for a number of years an old gentleman who has on several occasions been thus attacked. He falls upon the street and is carried to a hospital or his home, as the case may be; after a prostration of some hours or days recovers his usual strength and resumes his usual habits. If the cerebral vessel rupture under the strain we witness the phenomena of apoplexy.

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[1] "Farewell Address," The Medical News, April 19, 1884.

[2] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

Most men in this world do not live in anything like strict accordance with hygienic rules. They live at too high a rate of pressure and they acquire many bad habits. They eat too much, they drink too much, they use too much tobacco, they dissipate their energies in various ways. Many contract syphilis. There is a class of men who earn their livelihood by trades which are liable to introduce toxic substances into their blood,—painters, for example, who are exposed to the noxious influence of lead. The last danger, of course, is much greater among those who actually and continuously work in lead. Now, all these influences which I have enumerated favor the occurrence of premature arteriosclerosis. The inner coat of arteries is irritated or poisoned, undergoes change, the mischief extends to the middle and outer layers, and a man of 45 or 55 finds himself in a condition which should not supervene for fifteen or twenty years.

Consider the consequences of sclerosis of the coronary arteries. These conduits, as you are aware, are the chief feeders of the heart. If the heart-muscle is not properly nourished it must in turn degenerate. It becomes the seat of fibrous or fatty change, or both commingled. These morbid products are not contractile. The heart, under these circumstances, is very apt to dilate. At any rate, it loses vigor.

The great French anatomist, Bichat, who, to the loss of science, was cut off so young in life, was accustomed to speak very aptly of "the tripod of life," the brain, the lungs, and the heart. These great organs are bound intimately together in the chain of vitality. When the central organ of the circulation is the seat of organic disease there is disturbed function of the brain and the lungs, as well as the symptoms due to its own condition. Then fits of giddiness appear with unconsciousness, of which this patient's history bears testimony. There is fluttering breath, dyspnœa, or asthma; there may be wheezing in the bronchial tubes. Finally, in typical cases of coronary sclerosis the most horrible feature of the attack of angina pectoris is the excrutiating agony by which it is accompanied. This manifestation masks every other symptom. The patient utters, perhaps, a piercing cry of terror and pain. He sinks down upon his left side with his hand pressed to his heart. He feels—so they tell us who have lived to describe their sensations—as if his heart had been caught in a vice. The pain shoots into the neck and down the left arm. There is a horror of swiftly impending death. The face turns pale or ashy. Sometimes a profuse sweat breaks out upon the surface.

Gentlemen, there is no mistaking such symptoms. They indicate infallibly a paroxysm of true, typical, classical angina pectoris, or heart-pang, as it has been expressively termed. Once seen they can never be forgotten.

I have spoken of the sufferer as "he." Our present patient is a man, and the disease is far more common in men for the reason that they are more exposed and that they are more apt to contract the evil habits which may lead to the development of atheroma.

In addition to those causes which I have already mentioned arteriosclerosis may be excited by gout, rheumatism, and diabetes.

You may ask me, what is the cause of the intense anguish in angina pectoris? This question is more easily asked than answered. A number of theories have been proposed to account for its occurrence. In certain respects it seems analogous to neuralgia of, in all probability, the cardiac plexus. The abrupt character of the seizure, however, and the intensity of the pain are unlike other forms of neuralgia. Some have conceived that during an attack there is an acute dilatation of the heart with extreme stretching of nerve-fibers included within the muscular substance of the organ. Others have ascribed it to ischæmia of the heart due to spasm of the coronary arteries.

The attacks are not always of that violent nature which I have described as distinctive of typical cases. In the patient before you, for instance, more stress is laid upon the vertigo and faintness than upon pain. Nevertheless, the presence of arteriosclerosis and myocarditis leads me to classify the case as one of angina. A man may have such seizures as have occurred in this individual and upon a subsequent occasion he may be suddenly stricken down with a severe heart-pang about which there cannot be a shadow of a doubt. In other instances the pain, though extremely distressing and productive of grave apprehension, may fall far short of that of the typical paroxysm.

Attacks are not of long duration. The powers of life, in fact, already weakened by the organic disease of the arteries and heart, could not long sustain such a strain. Death not infrequently occurs in the first pronounced attack. Such was the case with the distinguished English divine and educator, Dr. Thomas Arnold, of Rugby. The paroxysm lasts a few seconds or minutes.

In the subjects of advanced atheroma attacks of angina may be brought on by any unusual muscular effort or, as I might better say, by any little extra output of strength. The man before us, for example, knows of no other cause than the exertion of walking the street. Climbing stairs or ascending a rise of ground may produce the symptoms. Flatulence may be a factor. The impression of cold, as of the atmosphere, or in taking a bath, may precipitate an attack of angina. A number of years ago I knew a gentleman who had had several minor seizures of angina pectoris, who expired suddenly while taking his bath, presumably and in all probability from a recurrence of the paroxysm in a violent form. Mental emotion is scarcely less dangerous than physical exertion. That illustrious member of our own profession, who laid the foundation of surgical pathology, John Hunter, was the victim of angina pectoris. Of an excitable disposition, he had realized that "his life was in the hands of any rascal who chose to annoy and tease him." As a matter of fact, his death was hastened by a heated discussion in the boardroom of St. George's Hospital. "He ceased speaking and retired into an adjoining room only in time to fall lifeless into the arms of Dr. Robertson, one of the hospital physicians." His heart was seriously diseased and the coronary arteries in particular showed ossific change.

There is a form of disease which simulates angina pectoris so closely that it is distinguished as pseudo-angina. It occurs principally in hysterical women, although it has been seen in children, is associated with neuralgia and other nervous manifestations. The pain lasts an hour or two and is accompanied by restlessness, it is never fatal, and is relieved by antineuralgic treatment. In the false angina there is no arteriosclerosis.

In treating the paroxysm of angina pectoris amyl nitrite is our most effective remedy. This agent has a marked power of reducing arterial tension. Probably by virtue of this action it relieves the horrible pain. The dose is from 3 to 5 minims by inhalation. It can be poured upon a handkerchief, but a more ready way is to crush a capsule containing the nitrite. Patients known to be subject to attacks should always carry with them such capsules in order that they may have recourse to the remedy at the first signal of danger. Although generally remarkably beneficial, there are cases in which amyl nitrite has but little effect. When this happens we are obliged to depend upon our older remedies, such as ether, chloroform, and hypodermic injections of morphine. A few whiffs of chloroform may afford rapid relief in breaking up the paroxysm. If the heart is weak we must use this anæsthetic with great caution. Nitroglycerin, or the spirit of glonoin, has analogous properties to amyl nitrite. Its dose is from $^1/_2$ minim to 3 minims. It can be given by the mouth in tablets or, as has been proposed and practiced with decided benefit, by hypodermic injection in alcoholic solution in the dose of $^1/_{120}$ to $^1/_{60}$ grain. In milder varieties of angina the compound spirit of ether—spiritus ætheris compositus—may afford relief. Pyridin has also been brought forward as a serviceable agent in overcoming the paroxysm. One or 2 drachms are poured upon a plate and the fumes inhaled. It is probably no more effective than amyl nitrite, is not so readily procured, and has a very offensive odor. Pyridin reduces blood-pressure. Sparteine and strophanthus are serviceable when there is great cardiac depression.

It is scarcely necessary for me to say that the subjects of arteriosclerosis with angina must live quietly and temperately in every respect. All sources of physical tire and mental strain must be excluded if possible. What I have already said upon this point is enough to give you a clue as to the regulation of the patient's life. Indiscretions in eating must be discouraged. I have under observation now an old lady whose appetite is well preserved and who is in the habit of eating all kinds of hearty food. The consequence is that not long ago I was sent for and found that a full meal had been followed by flatulence and that in turn by an attack of angina which for a while looked as if it would be the last.

In all ways we should endeavor to maintain the nutrition of the patient in the intervals between attacks. Electricity answers a useful purpose. Both static and galvanic currents have been used with good results.

The most serviceable drugs in lessening a tendency to paroxysms are nitroglycerin, some of the nitrites and the iodides. Murrell advises that nitroglycerin be used systematically and continuously in gradually increasing doses until its physiological effects are perceived: flushing of the face, throbbing of the temporal arteries, and headache. The remedy is then set aside until these disturbances subside, when it is resumed in the original small dose, which is run up as before, little by little. Other nitrites, as of potassium and sodium, have been used and have been found to share the beneficial influence of the amyl combination. The dose of potassium nitrite is from 3 to 5 grains. The sodium nitrite may be administered in doses ranging from 1 grain to a maximum of 5 grains. The latter salt is best given in an alkaline solution, and for this reason it may well be combined with the iodide of the same metal. The sodium iodide has also been employed in alternation with spirit of glonoin, the former being taken for six and the latter for two weeks.

The iodide treatment of angina pectoris consists in the administration for long periods of time of 20 grains three times a day. It is continued for years with an intermission of ten days in each month.

Some excellent results have been obtained from this method and then again it has failed.

The patient before us is now in an interval. Since admission he has been kept quietly in bed. He has had such remedies as tend to strengthen and regulate the action of the heart and to quiet the restlessness by which he is afflicted. With these ends in view he was given 10 minims of the tincture of strophanthus and $^{1}/_{100}$ grain of nitroglycerin every four hours. He also received $^{1}/_{40}$ grain of strychnine sulphate three times a day. On account of the marked nervousness under which he labored he was given three times a day a suppository which held 3 grains each of monobromated camphor and powdered asafœtida. The bronchitis and cough required some treatment and the following was prescribed:—

℞ Codeinæ sulphatis, gr. iij.
Ammonii chloridi, ʒj.
Spirit. juniperi co., ʒiij.
Misturæ glycyrrhizæ comp.,
Syrup. pruni Virginianæ, aa ℥ij.

M. et ft. sol.
Sig.: Teaspoonful every two hours.

LATE HEREDITARY SYPHILIS OF THE BONES.[1]

By A. Broca,
Surgeon of the Hospital for Sick Children.

After having manifested itself in the nursling with a variable intensity and perhaps sometimes not at all, hereditary syphilis often slumbers during the first years of life in order to awake at an indefinite period, preferably at the approach of puberty.

These "late" lesions of hereditary syphilis are to-day well known in their different localizations and their principal clinical forms. For the surgeon the alterations of the bones thus produced are among if not the most important. I am about, therefore, to discuss the particulars of a case in which the objective aspect alone of the affected bones should lead to the diagnosis in the absence of any other present or cicatrized manifestation, of any precise personal or hereditary history. We shall be obliged to discuss the possibility of an acquired and not inherited infection; to ask also as to what degree the clinically characteristic lesions, diffuse gummy osteomyelitis with hyperostosis, are distinctive of hereditary or, at least, of infantile syphilis; in what respect they resemble the osseous lesions of the tertiary syphilis of the adult and in what they differ.

I.

In this boy of 15$^{1}/_{2}$ years two bones are diseased, the right femur and the left tibia, and, although for several days the lesions have been in a stage of retrocession, yet you can observe them with advantage, for they are nearly as large as at first and still preserve their physical characters.

The lower two-thirds of the right thigh are increased in size, the examination teaches us that the soft parts, healthy to sight and touch, do not share in this enlargement. The quadriceps femoris is rather atrophied, allowing us to feel beneath it an enormous femur, almost cylindrical, but bosselated, and everywhere hard, insensitive to pressure except—and there very little—at the position of its lower conjugate line. It is in this situation that the bone is the largest, and from this point it gradually decreases in diameter from below upward in the form of a half-spindle, which, in the upper third of the shaft, escapes from our fingers in the thickness of the muscular masses.

The epiphysis is unaffected; it is identical with that of the opposite side; the knee- and the hip-joints are perfectly normal. Therefore the lesion of the shaft has its maximum and its probable point of departure from the upper surface of the lower conjugate cartilage of the femur. What does this fact betoken?

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[1] Extract from a volume of clinical lectures shortly to appear. Translated for The Medical Bulletin from La Tribune Médicale, 24 Septembre, 1904.

When, on April 30, 1904, this patient was brought before me for the first time I was shown only this femur, and told that for about four months the patient had suffered pain in the lower part of the bone and that, six weeks previously, a physician had applied ointments and blisters, of which the brown traces can yet be seen. I admitted the boy to the hospital because, from an examination of the femur alone, several hypotheses should be discussed, all of which, moreover, should conduct us to an active therapy.

Tuberculosis might, in fact, be eliminated. Fifteen years is not the age for these large subperiosteal infiltrations of the shaft, of neoplastic appearance, with articular participation, of which I showed you a few days ago an example on the fibula of a nursling. The perfect integrity of the epiphysis and of the knee, in a boy of 15 years, contradicts the diagnosis of osseous tuberculosis; and even with a similar swelling it is almost certain that, in addition to the femur, the second constituent epiphysis of the joint, that of the tibia, would have been invaded.

Only three affections are to be considered, all involving the shaft at its point of conjugate origin, all causing little, if any, involvement of the joint, without tendency to involve the second bone: syphilis, osteosarcoma developing from the periosteum, and chronic osteomyelitis.

Now, on the following morning, the boy being inspected from head to foot, entirely naked in his bed, I examined all the bones of the skeleton and observed that the left tibia, manifestly hypertrophied, was nearly as large comparatively as the right femur. It was also cylindroid, bosselated, had upon its inner surface a convex projection instead of the usual flat surface; the skin and adjacent soft parts were healthy, supple, and mobile. The characteristics were similar to those of the femur and both bones had also been attacked at the same time, the pain seeming to have begun in the tibia. There was, however, a slight difference: in the femur the hypertrophy was of a semifusiform shape, but in the tibia it was really fusiform, having its maximum diameter a little above the middle of the shaft and from there diminishing toward both epiphyses, neither of which were implicated.

This coincident alteration of the tibia permits us almost at one stroke to diagnosticate syphilis. The patient is strong and feels well, although he has lost a little flesh since the pain began. An osteosarcoma with two foci of such importance would have already gravely compromised the general health. As to chronic osteomyelitis *d'emblée*, the integrity of the epiphyseal cartilages of the tibia, its almost invariable point of origin in the child, is altogether against this diagnosis, especially in view of the multiplicity of the lesions, which is not characteristic, and, above all, with the comparative preservation of the general health. Furthermore, there would probably be some inflammatory reaction in the subcutaneous tissue and the skin, some exaggeration of the venous circulation, and œdema.

Now, according to the radiographs which I have here you can see that the hypertrophy is exclusively due to the accumulation of new layers between the original shaft and the periosteum. The new bone is grayish and its external surface is rough. The largest osteosarcomata, whether they destroy the shaft or not, are transparent, or nearly so, to the x-rays; even the "ossifying sarcomata" do not produce such subperiosteal ossification. Radiography also shows us that this abnormal ossification extends completely around the circumference of the affected bones; that in the femur it extends almost to the great trochanter, where it cannot be perceived by our fingers; that upon the tibia the internal surface seems more involved because it is more superficial and accessible. These characteristics are those of syphilis and are almost independent of the age of the patient. Nevertheless, before exhibiting this boy, I had wished to be sure of my diagnosis, and I am sure now, because I have instituted the mixed treatment and to-day, at the end of fifteen days, the pain has ceased and the hypertrophy has considerably diminished. The osseous diameters are only about half their former size.

You will note that in this boy, in whom the diagnosis is certain, the pain has not exhibited the nocturnal feature so common in syphilis. This fact proves that the characteristic, the clinical value of which is real, is not absolute. Moreover, it is not exclusively confined to syphilitic ostitis, but is more frequent in that than in other osteopathies. Formerly the occurrence of nocturnal pain was explained by fables, and the action of the moon and the stars was invoked. To-day it appears to us that the cause is the warmth of the bed. Night-workers—bakers, for example—have such pain in the daytime, when they go to bed, and, according to Rollet, the Kabyles, who lie upon the ground, without beds, are free from bone-pain.

This patient, then, is syphilitic, but is the disease hereditary or acquired?

II.

It may seem strange that, at the age when these lesions developed, I should speak to you of heredity. Nevertheless, you must have learned from the lectures on infantile medicine and surgery that one who inherits syphilis is exposed to various late developments, especially in relation to the bones, supervening by preference about the age of puberty, from 12 to 15 years,—possible, it is true, at every age, before or after that period and even sometimes after a very long latency. Is this equivalent to saying that those patients have been, until such time, actually free from disease and that it is necessary to establish a bold line of demarcation between these cases and those in which the diathesis evolves during several successive years, leaving its trail, without cessation, in successive lesions, as in acquired syphilis? Certainly not, and very often there have been precocious manifestations (for the indelible signs of which, precious from the diagnostic point of view, you should always search), followed by a more or less prolonged intermission.

To-day, for instance, you have been able to convince yourself of this truth by examination of a little patient, whose tibia I do not need to describe, being identical with that of the boy now before you, with a bosselated hyperostosis of the shaft, the epiphyses apparently healthy. The girl, 11 years of age, was born at term; she was, nevertheless, certainly syphilitic, for at the age of 5 weeks she was cured of a "paralysis" by specific treatment. This fact will teach you once more that the complete evolution of pregnancy is not a sufficient argument for the denial of hereditary syphilis. The repetition of miscarriages and births before term is a sign of syphilis, but the absence of these occurrences is not a proof of the absence of that disease.

I had scarcely questioned the mother in your presence because you should make your inquiries with prudence in order to avoid the danger of conjugal complications. I needed but to ask a single question to learn of a long history of premature births, in order to make a positive diagnosis of syphilis and begin the proper treatment. After our departure, however, my interne gathered a full and particularly instructive history. The woman has been twice married. By her first husband she had four children, the oldest of whom, aged 17 years, is living and has always been healthy. The other three were born dead and before term. She confesses very frankly that she has had syphilis—from her first husband, she claims; but that is a matter of indifference to us—and that she had been contaminated fifteen days before the end of her first pregnancy. This is an interesting circumstance, explaining to us the birth at term and the good subsequent health of the corresponding child, almost ready to be born at the date of the syphilitic inoculation and therefore slightly, if at all, tainted. The other babes were infected *in utero* so seriously as to perish. These accidents occurred notwithstanding a rather regular and rather prolonged treatment. The woman was then divorced and about a year later, twelve years ago, after more treatment, was married again. Time had now accomplished its work, the syphilis was attenuated, for out of four children by her second husband only one, the oldest, was syphilitic. One died of broncho-pneumonia following measles; another is now under my care on account of coxalgia; a fourth is in good health. The maternal diathesis appears to have given rise indirectly to a condition of general deterioration and morbid susceptibility, but you will observe that out of the second series of children only one, the first, exhibits undoubted syphilitic lesions. I will guard myself against affirming their complete absence in the others, for there are signs of tardy awakening which I call to your attention.

The positive fact is that in the little girl of whom I speak syphilis of the tibia seems to have manifested itself two or three months ago, and presents the features of late hereditary syphilis, but that soon after birth the affection displayed itself in one of those false "paralyses" which I have already described. You must furthermore recognize the impossibility of ascertaining, through the history, the presence of other early, but superficial, lesions, easily misunderstood or forgotten.

Nothing analogous was found in the antecedents of our large boy. His history was negative. His father was alcoholic and tuberculous. His mother, a healthy woman, had raised seven healthy children, of whom the patient was the fifth, which contradicts the theory of a syphilis acquired by herself, although I must acknowledge that of accouchements before term and the possibility of intervening miscarriages I know nothing at present. With the best faith in the world on the part of parents it is always difficult to elicit the truth by these inquiries. You shall have an illustration of this statement.

To-day, immediately after the little girl of whom I have spoken, a boy of 12 years was brought before me, in whom the local condition, also of the right tibia, left no doubt, in spite of the absence—as in the girl likewise—of all other alteration of the skeleton. Here again there was no sign of preceding lesion. The boy was accompanied by his father, who remembered having had gonorrhœa, but declared that he had never had a chancre or any syphilitic accident. He stated that he had had ten children, only three of whom are now alive, the others having died at an early age, but having been born at term. In all this relation I believed him honest. Unrecognized syphilis is very common, and in the working classes the father is a poor witness as regards the duration of pregnancy. The mother, who bears the child, has a better memory; and if already, without more exact information, this enormous infantile mortality, even at term, seemed to me very significant, to-day I am fully satisfied, when I have learned that all these pregnancies ended prematurely at seven and a half months at the latest, and that all the children died within a few days. Syphilis is almost the only cause of such misfortunes.

So there are cases of late tertiary syphilis in which the hereditary transmission is sure, whether from the study of a series of accidents in the patient or from the collateral history. When, however, both these sources of information fail us we have no right to eliminate the presence of acquired syphilis. At all ages the primary lesion may result from the most varied modes of contamination. It is also possible that some cases of infantile syphilis may—although with less virulence than fœtal disease—stamp upon the patient, by their dystrophic action, in a modified degree the classical signs of hereditary syphilis. For it may be said, in a general way, that the mode of infection, hereditary or acquired, does not alter the nature of the final lesions. The peculiarities of hereditary syphilis are expressed by the age of the patient in whom they evolve. To return more particularly to our cases we may say that these late osseous lesions are similar to those of tertiary syphilis acquired by the adult, and are not special, like those of early hereditary syphilis. They are constituted by gummata, of which we know to-day the habitually deep origin, from the medullary canal, and not the periosteum, as was for a long time believed.

This gummy osteomyelitis, of which Gangolphe, of Lyons, has given us a good description, is due to the specific gummy tissue, with its customary structure and evolution. It is amassed into syphilomata, sometimes circumscribed and sometimes diffuse. In the epiphyses, in the spongy tissue of short bones, and in the shafts are seen circumscribed foci of a more or less regularly spherical form, encysted in a protecting and eburnated osseous layer. Syphilitic osteomyelitis of the long bones is characterized by a gummy infiltration which insinuates itself especially where medullary tissue exists, into the Haversian canal, as well as into the central canal; so that the bone is worm-eaten and rarefied in places. Around these foci the osseous tissue undergoes an irritation which terminates in hyperostosis and particularly in eburnation. There is a ready production of new subperiosteal bone, and this process occurs even in the adult, whence the significant roughness exhibited by the superficial surfaces and edges of affected bones, especially the tibia. It goes without saying that these osseous proliferations are particularly rapid and intense while the bone is in course of physiological development, and, therefore, hyperostoses are particularly large in the child and adolescent, as witness those enormous tibias, arched like the sheath of a sword, of which Lannelongue and his pupil Berne have taught us the clinical value. This deformity is not, however, although it was once so thought, exclusively confined to the child; exceptionally it is possible in the adult from acquired syphilis, and Gangolphe has reported some demonstrative examples. On the other hand, it is certain that in the child the lesions are from the beginning localized in the shaft near the conjugate cartilages in the "bulbs" of the bone, which, conducing to growth in length, are the seat of a particularly intense formative activity; of this the semifusiform hypertrophy of our femur offers us to-day the type. This form, however, is by no means obligatory, and upon three tibias, in one of which we obtained a radiographic confirmation, we witnessed fusiform hypertrophy with integrity of the conjugate region.

III.

If we do not treat attentively the individuals thus attacked they are exposed to local disorders. Among them it is not rare to encounter an enormous hyperostosis, especially involving the entire shafts of both tibias, with fluctuating gummy swellings, with cicatrices adherent to the bone, with a fungous bottom, sometimes coalescent and serpiginous; exceptionally sequestra form and must be extracted. This is exactly what is observed in the tertiary syphilis of the adult.

But we are in possession of a very active therapeutic weapon, thanks to which we may assert that the prognosis is good. The immediate efficacy of the mixed treatment is wonderful in the sense that it dispels the pain as if by enchantment, as in the case of our patient. As a rule, however, the hyperostosis is not absorbed. When gummy swellings exist, even if they are the seat of much fluctuation they disappear with a rapidity which is sometimes surprising, but with the new subperiosteal bone the result is not the same. For this new bone is not specific tissue; it is ordinary bone, formed in excess by a periosteum which has been irritated by a subjacent gummy osteomyelitis. It is, therefore, one of those parasyphilitic lesions against which antisyphilitic medication acts indirectly, and not in a specific manner. When the syphilitic irritation which produced them is suppressed the bones cease to enlarge, but they are only absorbed when they have not yet attained complete organization. Mercury melts away intraosseous and subperiosteal gummata. Then, if the new bone is still young it may be gradually absorbed in the same way that in a child a large callus is absorbed after consolidation of a fracture. But there comes a time when the bone is too old to disappear in this manner, and, in a variable degree, the hyperostosis persists, just as it persists after an osteomyelitis, even when the inflammatory process is completely extinguished.

Unfortunately, also, assimilation may be pushed too far: in these diffuse hyperostoses, in the old shafts, worm-eaten in places, it seems impossible to follow by medication the gummy tissue into all its recesses, and, as prolonged osteomyelitis is subject to incessant relapses, so late hereditary syphilis of the bones, the tibia above all, too often displays successive recrudescences.

This morning there was brought to me a girl of 15$^1/_2$ years for whom I have cared since she was 6$^1/_2$ years old. Her left tibia, cylindrical and bosselated, is indolent, but for several years there had been no diminution of size. Its diameter increased by about one-fourth, and the condition seems stationary.

I will give you an outline of her interesting clinical history, which is furthermore instructive in presenting certain diagnostic difficulties of which I have not yet had occasion to speak.

This girl, well built, blooming, and healthy, free from any sign of syphilis, first came under my observation on December 9, 1899. She had been complaining for three weeks of vague pains in the right lower limb, at first in the ankle, subsequently sometimes in the leg and sometimes in the thigh, finally at the back of the crest of the ilium. On the 4th of December the child began to limp and was put to bed. Nevertheless, the pain and lameness continued, and I was consulted.

At first the history suggested growing pains to my mind. These pains are often abused, and I put you on your guard against the frequency with which they serve in families and even among physicians to explain troubles really caused by serious lesions, especially tuberculosis, which are allowed to develop under cover of an insidious symptomatology. These pains do exist, however, probably due to a subacute nonsuppurative osteomyelitis, with a clinical picture similar to that now beneath your eyes. I thought also of tuberculosis, and for the following reasons:—

Some years previously I had operated upon the sister of the patient on account of a tuberculous synovitis of the flexors of the hand. I knew that, out of seven children, four were dead, one of tuberculous meningitis and one of tuberculous enteritis; I knew that these conditions were inherited from the father. This intimate acquaintance with the family history disposed me to believe that I was dealing with a case of coxalgia, and I attentively examined the hip. Although I found no muscular atrophy of the thigh, or enlargement of inguinal glands, I produced distinct pain by pressure upon the anterior part of the head of the femur and there was a slight diminution of the movement of abduction. This result was insufficient basis for a decided opinion, especially as pressure awakened pain also, though to a less degree, at the anterior part of the head of the bone, over the great trochanter and toward the anterior superior spine of the ilium. Prudence being the mother of certainty, however, I instituted the treatment by means of continued extension.

The result did not justify my fears, but seemed, on the contrary, to verify the theory of growing pains or a benign rheumatic attack. In fact, during the child's sojourn in the hospital pain occurred in the left upper limb, and I prescribed 2 grams (30 grains) of sodium salicylate a day. The suffering was gradually alleviated, first in the arm, then in the hip and the great trochanter, and, on January 14th, the patient returned home without appreciable disease in the hip-joint. During her stay in the hospital there had been scarcely any rise of temperature. The evening temperature stood about 37.5° C. (99.5° F.), and three times it rose to 38° C. (100.4° F.).

I had preserved a sufficient recollection of this attack to cause me to take the same view of the pain which occurred in the left leg, in the tibia, about the month of April, 1901. I was certainly told, when I was consulted for the first time, that the pain, dull and continuous during the day, was more severe during the night, and that it often awakened the patient. I was also told that the pain in the limb was accompanied by a headache, which was likewise more marked at night. I have already stated, however, that, although nocturnal pain is frequent in syphilis, it may appertain also to other forms of subacute ostitis, aggravated by the warmth of the bed. Furthermore, examining the tibia I found it very painful upon pressure, normal in form and size, so that I did not think of syphilis, but of a return of growing pains, as often happens.

However, the evolution upon this occasion proved my error. When again called to see the child at the end of fifteen days I discovered upon palpation a large, cylindrical tibia, bosselated, and identical with that which to-day you beheld with your eyes and palpated with your fingers. In the absence of all history the diagnosis was at least so highly probable as to suggest the immediate adoption of specific treatment. Again, at this time I learned from the mother that the father, whom I already knew as tuberculous, might be strongly suspected of syphilis, for he was in the habit of frequently taking potassium iodide since an attack of "periostitis" which had supervened some time after a typhoid fever and for which he had been given an iodide treatment at the Lariboisière Hospital. This was enough to cause me to prescribe frictions of mercurial ointment associated with 2 grams of potassium iodide daily. From the first day the nocturnal pain yielded and the child was able to sleep; the tibia soon became insensitive to pressure; it slowly diminished in size, although it never returned to the same size as that of the opposite side. At the end of six weeks, in the middle of June, 1901, the patient left my service, absolutely free from pain. Notwithstanding my advice, the treatment was not continued and the trouble returned in August. This time the mother was warned and after I had returned her child, at the end of September, she promised to go on with the treatment. Nevertheless, in March of 1903 occurred another attack, which was quickly subdued by mercurial inunctions. The girl was ordered to have, at rather frequent intervals, potassium iodide and a little mercury. Since that period, I ordered mercurial inunctions about every three months for fifteen days.

IV.

I do not wish to part from you to-day without commenting upon some minor facts in connection with the patients whom you have seen. You have without doubt noticed that upon only one of the patients the osseous lesions were multiple, and this fact is of assistance to the diagnosis. This is the general rule, and in this respect our present series is exceptional, at least if we look carefully for even small lesions where they are usually found; upon the crests of the tibia and ulna, the head of the radius, upon the clavicle and bones of the skull. Are these bones actually predisposed to attacks of syphilis? It is possible; their superficial position favors the localizing action of small and repeated injuries. Perhaps, however, this appearance is exaggerated by the facility with which we can explore these superficial bones, upon which the slightest roughness cannot remain unperceived. Whatever the explanation, they are, especially the tibia, the bones which reveal *par excellence* the presence of tertiary syphilis, and often their involvement is symmetrical.

Symmetry is not, however, equivalent to simultaneous involvement, and perhaps the lesions would have been more numerous if they had not been early suppressed by specific treatment. For the rest, in the large girl the tibia was alone attacked, but ought we to ignore in the history the "growing pains" observed in 1899? It appears to me much more reasonable to admit that at that date syphilis attacked the upper part of the femur and some other deep bones, the swellings upon which could not be detected by our fingers. The spontaneous cessation of the pains, without mercury or iodide, is an argument of but mediocre value against that opinion. Finally, I again recommend caution in regard to growing pains, the reality of which is undeniable, but which you should suspect only after the exclusion of the many diseases of the bones which may be responsible for the pain.

Abstracts.

Gonorrhœal Stomatitis in an Adult.

Jürgens writes that, although so frequent among newborn children, this complication is very rare in the adult. He reports a case, the clinical picture of which does not differ materially from that of ordinary stomatitis: swelling of the gums; greenish and fœtid membrane; ulcers at the points of special attack,—*i.e.*, near the two last molars; intense and very painful salivation. There were two features of interest: the inefficacy of the usual gargles, amelioration occurring only after irrigation of the mouth with a 1 to 1000 solution of mercuric bichloride; the bacteriological examination and the cultures, which showed the presence of gonococci in the deposit upon the gums, together with spirilla and fusiform bacilli. The findings confirmed the diagnosis, which had been based upon the fact that a gonorrhœal urethritis had preceded the disease of the mouth.—La Tribune Médicale.

Aural Migraine.

At the seventh International Congress of Otology M. Escat, of Toulouse, said that Weber-Liel, Urbantschitsch, and Rubiolis have pointed out the existence of aural manifestations in the course of migraine. His own clinical observation had led him to the following conclusions:—

I. There is an aural migraine, comparable to the ophthalmic form: disorders of hearing (deafness, buzzing, pain in the ear) often occur in attacks of migraine just as disturbances of vision are present in other cases. In addition to three typical cases he had seen numerous others with less distinct clinical features which may be considered as partial examples of aural migraine.

II. Most subjects of primary otosclerosis (a very frequent hereditary type in arthritic individuals) with early signs of involvement of the labyrinth *are or have been the victims of migraine.* The typical or masked attacks of migraine is perhaps the index, too long misunderstood, of a slow and insidious process evolving gradually for years to terminate in an atrophic sclerosis of the auditory apparatus, manifesting, however, certain differences of form.

III. The pathological relationships are as follows:—

1. An auto-infectious discharge upon the cervical ganglion.
2. Secondary sympathetic trouble (angiotonic or angioparalytic), giving rise, on the one hand, to migraine and, on the other, exerting an action upon the vasa nervorum of the trifacial.
3. Consecutive disturbances of the functions of the trifacial:—

(*a*) Sensory reaction (hemicrania, temporal tension with or without pain in the ear).

(b) Motor reaction (intermittent buzzing from spasm of the tensor tympani).

(c) Trophic reaction (sclerogenous atrophic process expressed symptomatically by deafness and subjective sounds and anatomically by sclerous degeneration of the organ of hearing).

The study of the relation between migraine and primary otosclerosis therefore seems to throw light upon the obscure etiology of the latter affection and lends probability to its origin as at once oto-infectious and trophoneurotic.—Revue Hebdomadaire de Laryngologie, etc.

Pyæmia of Nasal Origin.

Dr. Grunert has described the case of a girl, 10 years of age, who was suddenly attacked by severe pain in the left side of the head and in the left eye. Some days later there was a discharge of pus from the left nostril. The back of the nose was considerably swollen and the swelling extended to the orbital region of the left side. There was fever with great oscillations. It rose to 104° F.

An operation was performed and pus was found in the frontal, ethmoidal, and maxillary sinuses. The pus was evacuated. The fever persisted for several days, then the temperature returned to the normal, the operation wound healed, the nasal suppuration ceased. During the recovery, notwithstanding the absence of chill, two abscesses appeared, one upon the right upper limb, the other upon that of the opposite side, thus showing the existence of pyæmia. Nevertheless, the patient completely recovered.—Revue Hebdomadaire de Laryngologie, etc.

Primary Tuberculosis of the Bowels and Tonsils.

M. Sukehiko Ito, having undertaken investigations concerning the frequency of primary tuberculosis of the bowels and palatine tonsils, has found that, in the latter organs as well as in the lymphoid tissue of Waldeyer's ring, that form of tuberculosis is rare. Examination of the tonsils of 104 cadavers did not disclose 1 case of primary infection. He has, however, recently discovered 2 cases, although the pathological lesions were only visible under the microscope after numerous sections. He observed only a few solitary tubercles in 1 case and in the other an isolated tubercle in a follicle. The superficial and epithelial layer of these tonsils was intact. Nevertheless, the author believes that this disease would be more frequently recognized if microscopical examinations for this purpose were undertaken.—Revue Hebdomadaire de Laryngologie, etc.

Relapsing Gummata of the Tongue.

M. Gastou has described the case of a woman who had had all the possible varieties of syphilis of the tongue. He had employed many methods of treatment without much success. For this reason he asks whether there may not be among syphilitics certain variations of mercurial treatment more especially adopted to the different lesions according to their form, situation, and age.—Revue Hebdomadaire de Laryngologie, etc.

Syphilis of the Larynx.

At a meeting of the Danish Oto-Laryngological Society M. Klein reported the case of a man, 42 years of age, whose voice had been affected for six months. There had been dysphagia for a certain time. He was thought to be tuberculous and had had two attacks of hæmoptysis. No bacilli, however, were found in the sputum. The epiglottis was greatly infiltrated, especially along its free border. It was impossible to see the interior of the larynx. The intra-arytenoid region seemed to be intact. The swelling was not well limited and all the mucous membrane was strongly injected. The antecedents appeared to indicate tuberculosis, with the exception of the uniform redness of the mucous membrane and the healthy aspect of the posterior wall. Notwithstanding the denials of the patient, the disease was believed to be syphilitic and the result of the treatment was conclusive. —Revue Hebdomadaire de Laryngologie, etc.

Latent Sinusitis with Amaurosis and Exophthalmos.

At a meeting of the Danish Oto-Laryngological Society M. Grönbeck related the history of a man, 51 years of age, who had an affection of the left optic nerve, paralysis of several muscles, exophthalmos, and complete amaurosis. Nothing abnormal was shown by the ophthalmoscope. There was no symptom referred to the nose except a feeling of weight behind the eyes. The left nasal fossa was full of polyps. When they were removed there was also brought away a piece of necrosed bone belonging to the inferior turbinated.

There was creamy, fœtid pus in the ethmoid cells. Several *séances* were required to cleanse the cells and the sphenoidal sinus. At last the eyeball had regained all its movements and the exophthalmos had greatly diminished. There was no improvement of vision.—Revue Hebdomadaire de Laryngologie, etc.

Chronic Fœtid Laryngitis in the Course of Ozæna.

At a meeting of the Danish Oto-laryngological Society M. Grönbeck spoke of the case of a youth of 19 who had been troubled by ozæna for ten years and who consulted him on account of hoarseness. There was chronic laryngitis. The glottis was obstructed by a greenish-black crust, which formed a diaphragm, having in its middle a narrow opening. An intratracheal injection of a saline solution produced a severe attack of coughing, with spasmodic phenomena, until the crusts were suddenly expelled. The hoarseness disappeared as if by enchantment and the voice regained nearly all its force. The patient was treated for six months with all sorts of local and general medicaments, without forgetting the specific treatment, but without result, the crusts always being reproduced. The nose was brought into a fairly good condition and only the throat remained bad. The mucous membrane was, so to speak, insensitive to all contact. The patient had several suffocative attacks, which were always abruptly terminated by the expulsion of crusts.—Revue Hebdomadaire de Laryngologie, etc.

Retropharyngeal Abscess consecutive to Acute Suppuration of the Middle Ear.

Dr. Alb. Blau has placed upon record the interesting case of a small child who was attacked by suppurative otitis of the left side. Five days later there developed upon the same side a retropharyngeal abscess which was manifestly in relation to the suppuration of the middle ear, for, by pressing the abscess, pus issued from the ear. The abscess was incised and the pus evacuated. Cure of both the abscess and the ear occurred at the end of eight or nine days. According to the author, the way of communication between the ear and the retropharyngeal tissue was the canal of the tensor tympani.—Revue Hebdomadaire de Laryngologie, etc.

Acute Necrosis of the Mastoid and Petrous Processes consecutive to Scarlatina.

M. Heermann, of Kiel, writes that in Holstein scarlatina frequently manifests itself with great severity, and it is not surprising, therefore, that he is able to report thirteen cases of necrosis in acute suppurative otitis media following scarlet fever. In all these cases he noted the following peculiarities: the soft parts of the mastoid region were but slightly or not at all involved. The perforation of the membrana tympani supervened rapidly; the temperature was a little elevated. Streptococci and staphylococci were found in three cases in which bacteriological examination was practiced. In one case which was fatal and in which an autopsy was performed there was found beneath an intact dura mater a perforation of the roof of the tympanum, and the bone was blackish gray throughout a large extent.

In one case the osseous necrosis had already developed in the second stage of the disease. Heermann, therefore, declares himself an advocate of early intervention. —Revue Hebdomadaire de Laryngologie, etc.

Gummata of the Tonsils.

M. A. Baurowicz states that the lesions of tertiary syphilis, so common about the soft palate, are, on the contrary, very rare on the tonsils, where they often occasion errors of diagnosis. Some cases are known in which gummata of the tonsils have been mistaken for malignant tumors and operated upon; return being prompt, they were then declared unamenable to intervention. It is to diagnostic errors of this kind that we owe the cases of amelioration obtained in so-called malignant tumors of the tonsils when potassium iodide was employed. The author fell into such an error in connection with an interesting case. The patient was a man, 45 years of age, who had contracted syphilis two years previously and who now complained of deafness of the right ear and coryza. Upon examining the naso-pharynx a tumor of the tonsil and left posterior pillar was perceived. It was the size of a pigeon's egg. It was entirely smooth and elastic. Its color was the same as that of the surrounding mucous membrane.

The tumor had made its appearance only four months previously, after an attack of sore throat. The author took it for a benign growth, a lipoma or fibrolipoma, and intended to operate upon it if it gave more trouble. For four months it remained stationary. One day the author was sent for by the patient, who had for two days experienced the sensation of tension in the throat and pain in the left ear. The growth seemed to have increased in size and had assumed a bluish color. The patient had had chills and fever. On the previous evening a membranous deposit had appeared upon the growth. The deposit was of a greenish-yellow color, fusiform, and situated upon the anterior surface of the tumor where it came into contact with the side of the tongue. Around the deposit the mucous membrane was of a heightened red. A portion of this membrane was removed by a sound which penetrated, not without a certain resistance, into a large cavity and allowed the escape of a foul, greenish, and very fœtid pus. The walls of the cavity were also of a dirty-green color. The patient was immediately relieved. There had been no glandular enlargement. The ulceration of a tumor which had all the aspects of a benign growth suggested to the author that he might have to do with a gumma, especially in view of the patient's antecedents. He ordered antisyphilitic treatment, which soon produced satisfactory results.—Revue Hebdomadaire de Laryngologie, etc.

Circumscribed Leptomeningitis with Paralysis of the External Motor Oculi of Otitic Origin.

Professor Gradenigo has drawn attention to an important collection of symptoms which he had observed in 5 cases consecutive to acute suppurative otitis media. He looks upon it, indeed, as an actual and special disease, the principal features of which are as follows: Paralysis or paresis of the external motor oculi occurring a month or more after the beginning of an acute suppuration of the middle ear; intense headache; fever moderate or absent in most cases; slight participation of the mastoid cells. After careful drainage the disease tends to recovery. This affection is rare, for the isolated paralysis of the abducens, without other concomitant phenomena, is exceptional, whereas otogenous paralysis of other motor nerves of the eye, associated or not with optic neuritis, are common. The pathogenesis of this complication is obscure. The author thinks that this isolated paralysis is caused by a localized inflammation of the dura mater, for in one case the patient, after having presented this paralysis limited to the abducens alone, died subsequently of diffuse leptomeningitis. Here, therefore, is a complication of very doubtful prognosis, and it is necessary in these cases to make a large opening into the middle ear and mastoid cavities.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Malaria.

Dr. J. A. Burnett, of Pauline, Ark., says in the Medical Summary:—

"The following prescription is of much value in malaria where quick action is not necessary:—

"℞ Pulv. capsicum, gr. x.
Euonymin, gr. xx.
Quinine sulph., gr. xxx.

"M. Sig.: Six grains every three hours.

"In forms where there is chronic disease of the liver:—

"℞ Fld. ext. simaba cedron, ʒj.
Fld. ext. gentiana quinqueflora, ʒij.
Fld. ext. euonymusatro purpureus, ʒiij.

"M. Sig.: Twelve or fifteen drops every three hours.

"The following is a valuable prescription for malaria when the stomach is not irritated very much:—

"℞ Tr. capsicum, ʒj.
Fld. ext. myrica cerifera, ʒij.
Tr. cinchona, ʒix.

"M. Sig.: One drachm every one or two hours."

Intercostal Neuritis.

Pritchard recommends the following two formulas, the second one having given the best results:—

℞ Quininæ salicylatis, gr. iij.
Codeinæ, gr. $^1/_4$.
Quininæ sulphatis, gr. j.

M. et ft. capsul. no. j.
Sig.: One such capsule every four hours.

℞ Strychninæ sulphatis, gr. $^1/_{25}$.
Caffeinæ, gr. j.
Quininæ sulphatis, gr. ij.

M. et ft. capsul. no. j.
Sig.: One capsule every three hours.—Journal of the American Medical Association.

Oil of Cypress in Pertussis.

Professor Kobert recommends the inhalation of oil of cypress as a palliative remedy in whooping-cough. It is diluted with 5 parts of alcohol and sprinkled over the patient's shirt, from which it is evaporated and inhaled.—Merck's Archives.

Tonic Pills.

The following combination is recommended by the Bulletin de Thérapeutique:—

℞ Iron and potassium tartrate,
Ext. cinchona,
Ext. rhubarb,
Ext. gentian, of each, 75 grains.
Powd. nux vomica, 8 grains.
Oil of anise, 10 drops.

Divide into one hundred pills. Two pills with each meal.—Merck's Archives.

Strychnine in Diabetes Insipidus.

A man of 49, previously healthy, developed a typical diabetes insipidus after a severe concussion of the nervous system. Strychnine was administered—fifteen injections during twenty days—a total of 0.0905 gram of strychnine nitrate. The urine subsided from a daily 8000 cubic centimeters to 3400 cubic centimeters. The strychnine was discontinued on account of symptoms of intoxication, but the urine continued its downward course to 2400 and 1700 cubic centimeters and the patient is apparently cured. The density of the urine remained uninfluenced by the strychnine. It ranged from 1.007 to 1.002. The persistence of this figure for the specific gravity forbids the assumption of a complete cure, but the subsidence of all the symptoms certainly justifies further trials of strychnine in such cases.—Journal of the American Medical Association.

Chronic Otorrhœa.

Nouveaux Remèdes quotes Ménière as stating that carbolic acid is the best remedy for this disease. Hot water is injected into the affected ear, which is then painted with:—

℞ Acidi carbolici (crystals), gr. xv-lxxv.
Glycerini pur., *m*lxxv-cl.

M. Sig.: Use locally.

Later, when the flow has diminished, use:—

℞ Glycerini pur., *m*cl.
Hydrarg. chlor. cor., gr. $^3/_{40}$-$^3/_8$.

M. Sig.: For local use.

Carbolated glycerin, besides acting as a cure, has a distinct analgesic action in otorrhœa.—Journal of the American Medical Association.

Acute Purulent Otitis Media.

In the Albany Medical Annals Dr. Frederick T. Clark, of Westfield, Mass., writes:—

"In influenza, scarlet fever, measles, diphtheria, inflammation of the nasal accessory cavities with purulent discharge into the naso-pharynx, it is of the greatest importance that the infection be prevented from gaining an entrance to the middle ear. To accomplish this the nasal cavities and naso-pharynx should be thoroughly irrigated at least four times in the twenty-four hours—*i.e.*, once in six hours—with quantities of a warm, alkaline, cleansing solution. Immediately after the irrigation let the patient gently blow out the nostrils to rid them of any superfluous solution and then spray into each nostril, having the patient inhale at the same time a few whiffs of some such antiseptic protective as the following:—

"℞ Phenol, gr. ij.
Menthol, gr. iij.
Eucalyptol,
Ol. pini pumil., of each, *m*x.
Benzoinol, q. s. ad ℥j.

"M. Sig.: Use as nasal spray and inhalant.

"I believe that such a management of this class of cases, if begun early and thoroughly carried out will be successful in preventing many attacks of acute purulent otitis media that might otherwise develop."

Acute Tonsillitis.

Apply once or twice a day a solution of silver nitrate, 60 grains to 1 ounce. This may abort the disease in one case out of four.—Ingals, Medical Record.

Castor Oil and Salts.

In order to overcome the repugnance to these two remedies Carlton prescribes them as follows:—

℞ Vanillin, gr. xx.
Olei menth. pip., ʒj.
Garantose (saccharin), ʒiss.
Alcohol, ℥iij.
Tinc. persionsis, ℥ss.
Olei ricini, q. s. ad one-half gallon.

Dissolve the vanillin, oil of peppermint, and garantose in the alcohol. Add the tincture of cudbear to the oil and shake thoroughly. Finally unite the two mixtures. Carlton says that this mixture keeps well, looks nice, is pleasant to take. does not leave a bad after-taste, and for all practical purposes is a disguised oil.

℞ Magnesii sulphatis, ℥xxxij.
Fluidi cardamomi comp., ℥ij.
Vanillin, gr. xx.
Garantose, ʒii-iv.
Alcohol,
Glycerin,
Coffee, roasted and ground, of each. ℥ij.
Aquæ, q. s. ad one-half gallon.

Stir the ground coffee in half a gallon of boiling-hot water and allow it to stand for from ten to twenty minutes. While still hot add enough of it to the magnesium sulphate to make about three and one-half pints. Dissolve the vanillin in the alcohol, add the glycerin and then the cardamom. When the first solution is cooled somewhat add the second mixture to it. After shaking thoroughly add the garantose and enough of the coffee infusion to make one-half gallon. Filter through a covered filter. An ounce of this solution contains half an ounce of magnesium sulphate. The solution is said to keep well, has a dark, whiskylike color, a nutty odor, and is easy to take, warm or cold. It should be taken with twice its volume of water.—Journal of the American Medical Association.

Backache of Neurasthenics.

The following formula is from Le Progrès Médical:—

℞ Camphorated oil of chamomile,
Oil of hyoscyamus, of each, ʒv.
Extract of belladonna,
Extract of Indian hemp,
Extract of opium, of each, gr. xv.
Menthol, gr. xxx.
Chloroform, ʒi $^{1}/_{4}$.

M. This is to be lightly rubbed in and flannel impregnated with the liniment bound upon the part.

Intestinal Fermentation and Diarrhœa.

Dr. Friedrich Grosse gives the following as his favorite prescripiton for this condition:—

℞ Bismuthi salicylatis,
Benzonaphthol,
Sodii benzoatis, of each, gr. xlv-lx.
Syrupi simplici, ʒv.
Aquæ, q. s. ad, ℥iv.

M. Sig.: One teaspoonful every three to four hours.—Medical Review of Reviews.

Indigestion.

℞ Pepsin,
Pancreatin,
Diastase, of each, 3 grains.
Calcium glycerophosphate, $1^{1}/_{2}$ grains.
Powdered nux vomica, $^{3}/_{10}$ grain.

M. For one capsule; one after each meal.—New York and Philadelphia Medical Journal.

Gastro-enteric Trouble in Children.

Dr. E. Van Goidtsnoven, of Atlanta, Ga., recommends in the Atlanta Journal-Record of Medicine:—

℞ Calomel, gr. i-ij.
Gray powder, gr. xvi-xxiv.
Sulphide of calcium, gr. ii-iv.
Sulphocarbolate of soda, gr. iii-xij.
Salol, gr. vi-xij.

M. Divide in chart xij.
Sig.: One powder every three hours.

Atony of the Bowel.

℞ Ext. rhamnus pursh., ʒj.
Ext. nux vomica, gr. viij.
Ext. Calabar bean, gr. ij.
Ext. hyoscyamus, gr. iv.

M. For thirty pills.

One pill morning and evening. Massage and electricity to the abdomen. Swedish gymnastics and particularly exercise of the abdominal muscles.—La Tribune Médicale.

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THE ADULTERATION OF FOOD.

SIMPLE and primitive methods of preservation of food have been known and practiced from time immemorial. Drying, salting, freezing, pickling, and "preserving" by means of sugar are the older methods of preventing the decay of food. With the extension of commerce and industry, and with the increase of population, other methods have come into vogue. The application of cold in cold-storage chambers and warehouses has more lately been introduced. By this means provisions are shipped across the continent and across the ocean or are kept in storage for indefinite periods. Although this treatment prevents decay, yet it is the experience of those who deal in meats that when taken out of cold storage foods perish with unusual rapidity.

Of recent years the addition of some chemical substance for the purpose of arresting decomposition and putrefaction has grown to great proportions. Not satisfied with methods for the exclusion of air, antiseptics have been added to canned goods. For the preservation of butchers' meat various preparations are upon the market and are extensively used. If employed in sufficient strength such agents will prevent or arrest decay and give a false aspect of freshness to the meat exposed on the dealer's stall.

The question as to their harmlessness is important to society and it is the duty of those charged with the supervision of the sale of foodstuffs to discover that point at which preservation passes into adulteration.

It is axiomatic that, the fresher and purer the food, the more nutritious and healthy it must be. Concerning this truth there cannot be the shadow of a doubt. If large communities cannot depend upon their local resources for their provisions and if it is necessary to transport food for long distances they must be exposed to the dangers of deteriorated articles. In the case of meats, for instance, the cattle may be slaughtered, preserved, and packed at some distant point or they may be shipped on the hoof and killed when they reach their destination. The transport of living animals in freight cars cannot be of advantage to their health, and this feature of the situation in itself must result in inferior food. Nor can we always have a sufficient guarantee that the animals were in good condition when originally shipped. The meat is old when it reaches the table of the consumer.

Here is the point where adulteration enters. In order to create an impression of freshness the meats are treated with antiseptic chemicals. We are credibly informed that it has been until lately a common practice for butchers to sprinkle their viands liberally with powders supposed to be preservative and presumably consisting largely or entirely of boric acid. In a recent test case tried in the courts of Philadelphia the material used was known as "XXX Preservaline" and said to be a mixture of boric acid and sodium sulphite. The term "boron compound" was also employed. Now, even salt,—sodium chloride,—though a normal constituent of the body and a necessity of life, abstracts something from the nutritive value of animal food. Saltpeter has been largely associated with salt. These substances, however, dissolve out the soluble constituents and harden the flesh. Thus the digestibility of the food is impaired and its nutritive value is considerably lessened. Salt seems to be particularly adapted to the preservation of pork, and as a consequence salt pork has entered largely into the dietary of seamen, soldiers, and other bodies of men. It long constituted, moreover, the chief subsistence of agriculturists and laborers, especially during the winter months. A most effective object lesson on a large scale, in the prevalence of scurvy, was the result of living too exclusively upon this article of food.

If a too liberal use of common salt is disadvantageous that of boric acid or borax must be still more deleterious. These substances unquestionably possess considerable antiseptic power. Although not classed among the more active toxic drugs, yet there is quite a list of accidents which may result from the ingestion of excessive quantities.

The presence of boric acid or borax in the food restrains the influence of saliva upon starch. In excess they cause erythema, pruritus, urticaria, and other eruptions upon the skin. They lessen the appetite, produce nausea, vomiting, gastric catarrh, or diarrhœa. They impair the process of digestion and may excite disturbances of the digestive system. All these effects are heightened and may be produced by minimum quantities if the excretory function of the kidneys is diminished. Indeed, borax is capable of giving rise to nephritis. Foods preserved by the addition of boric acid not infrequently contain that substance in excess, beyond a physiological limit, and their consumption is for such reason deleterious to the human organism. Dr. Charles Harrington, Assistant Professor of Hygiene in Harvard University, in a recent course of investigations upon the use of borax and boric acid as food preservatives found that even when only dusted over the surface of the meat they are absorbed into its substance, and once established there they cannot be soaked out or even boiled out. Corned beef and ham have been found to contain as much as 28 grains of these drugs to the pound. This writer calculates that in taking ordinary food an average man might ingest upward of 100 grains of boric acid in one meal,—a quantity far in excess of safety.

The sulphite, bisulphite, and hyposulphite of sodium are official in the United States Pharmacopœia. Their antiseptic—and consequently preservative—influence depends upon the sulphurous acid which they contain and which is set free in the stomach by the action of the gastric juice. In mixture the sulphites are decomposed by all acids except carbonic and boric acids, sulphurous acid being liberated. The sulphites are not very largely used internally in the practice of medicine. It is true that they are sometimes of service in malaria, but the influence of quinine is so preponderating in this disease that substitutes are comparatively seldom required. The sulphites have principally been used as external applications in skin diseases dependent upon the presence of parasites. Properly diluted and given in medicinal doses and for limited periods sulphurous acid is useful in sarcina ventriculi, catarrh and dilatation of the stomach with flatulent dyspepsia, etc. When added freely to meat, however, the sulphites have a disastrous effect upon digestion.

Such substances as "XXX Preservaline" are now manufactured upon a large commercial scale and their sale is pushed with all the art of experienced salesmen. They are made for the purpose of being sold. It follows that their use is promoted by every means in the power of manufacturers and agents. Their virtues are praised and their harmlessness asserted. While all this business is transacted on a large scale, the temptation will be strong and to many, perhaps, irresistible to use the "preservative" with a free hand upon inferior qualities of meat or those which are already beginning to be tainted. However this may be, these preparations of chemicals cannot be otherwise than insidiously injurious to the health of those who consume meat preserved by their action. It was developed in the recent suit that the manufacturers of the preservaline were the financial backers of the accused dealers in their defense at law. The existence or solvency of the manufacturing company is imperiled. At any rate, its career is likely to be at an end in Pennsylvania, for the accused dealer was found guilty by a jury of his peers after the case had been elaborately argued and after testimony had been heard on both sides.

It is a suggestive coincidence that the meat stores of the defendant, located on various populous thoroughfares, and in which meats were sold at from 3 to 5 cents less per pound than they could be bought from local butchers or farmers from the surrounding country, were all fitted up with unusual care to attract the eye. They have an attractive and prosperous look. It is to be noted that their customers were principally people of moderate means, to whom the saving of a few cents per pound on meat is a serious consideration. It is always the poorer classes who suffer from the adulterations and sophistications of foodstuffs.

The prosecutors in this case won a notable victory, the effects of which are already felt. The butchers have stopped powdering their meats. Our food laws, however, need to be rendered more precise and absolute. The proportions of chemicals which can be safely added to viands must be determined upon a strictly scientific basis, and not left to the discretion of the butchers and the manufacturers by whom they are supplied. The laws must then be rigidly executed. Trifling with the health of communities for the sake of gain must be prohibited. As far as possible cities should depend upon their neighboring source of supply for foodstuffs of all kinds. Those which must be brought from long distances and are preserved by artificial means cannot equal as wholesome food those which pass rapidly from producer to consumer.

With adulterated foods and coppered water we should begin asking ourselves Mallock's question: "Is life worth living?"

THE FOOD OF SCHOOL CHILDREN.

SCHOOL children in this country are to be divided into two classes: those who attend the public schools and those whose education is received in private establishments. The former class includes the great majority. The food of the pupils of the public schools is practically that of their parents. What is prepared by the mother or those acting under her direction constitutes the daily aliment of the child. As the majority of parents are of moderate or limited means, the expense of the table is to many a subject of importance. The cheaper kinds of animal food are purchased; canned foods, oatmeal, and various preparations known as "breakfast foods" are freely used, together with thin, skimmed milk, condensed milk, the cheaper grades of tea and coffee, with bakers' bread and cheap cakes. Such articles constitute the staple food of the family, for children as well as parents. What is not already prepared—"just add hot water and serve," "boil with milk or water according to directions," etc.—is too often spoiled in cooking. The children from better homes are fed on much the same articles, but of better quality and more skillfully prepared. Too often the meats placed upon the table have been impregnated with some chemical which detracts from their nutritive power and excites indigestion. Canned soups consist, for the most part, of water, and are destitute of alimentary principles. Bakers' bread is very apt to be light, indigestible, and innutritious.

Of the so-called breakfast foods in these latter days the name is legion. Plain oats and wheat are masked in every sort of guise and adorned with all kinds of coined names. The consumption of these articles must be enormous, for one factory after another enters into the business and competition. The profits must be large, for they are very extensively advertised by all sorts of devices. Pictures and verses vaunt their virtues in the street cars and the weary man, hanging on to the strap after a hard days' work, may amuse himself in reading these notices. The choicest stroke of art is the premium in exchange for stamps or coupons. Plates, cups and saucers, etc., are given, and one enterprising firm advertises a whole set of china for a complete set of letters, one of which can scarcely be found in any package. These preparations consist of cereals exploited to manufacturers' financial advantage.

Cereals are an approved variety of our mixed diet. Bread has long been known as "the staff of life." Many edible and nutritious substances are made from wheat. Good, wholesome bread is made from rye. Oats contain considerable nitrogenous matter with fat and salts. Indian corn is the basis of palatable dishes. It contains a fair amount of nitrogen. Rice is rich in starch and poor in nitrogen. Rice and maize are poor in salts. All the cereals are distinguished by the high proportion of carbohydrates in comparison to nitrogen and other constituents. Consequently, however valuable they may be as supplementary foods, they should not constitute the main reliance of a dietary. Moreover, starchy foods are not always consumed with impunity. There are many individuals of all ages who have difficulty in digesting carbohydrates, which are apt to undergo fermentation in the bowel, giving rise to flatulence, colic, and diarrhœa. Oatmeal is sometimes prescribed in constipation on account of its laxative influence. Its outer coat contains silica, which is a direct irritant to the alimentary canal. Dependent upon the indigestion, oats not infrequently give rise to eczema, acne, and other eruptive and unsightly diseases of the skin. Tea and coffee are unsuitable for young children, and, indeed, among adults they are rather abused than used. A preponderance of cereals in the food and the addition of such adventitious articles as tea and coffee afford an insufficient supply of nitrogenous and saline material for the nourishment of growing children, the development of bones and muscles, the vigor of glandular organs. The nervous system may be disordered by such injudicious feeding, and it is no exaggeration to say that early in life is laid the foundation of a train of ills which shall follow one all his days and shorten life. The absence of saline principles engenders rickets.

The children of the boarding schools, coming from easy homes, are scarcely more favored than their poorer mates. In the private schools we find the same blind faith and devotion to the cereal breakfast foods. In conducting such establishments there is always the financial question in the mind of the proprietor. The salaries of teachers; rent, perhaps; the wages of servants, are to be deducted from the gross earnings of the school before the income of the head accrues. Economy of the table is generally a leading principle in these schools. The food must cost as little as possible and go as far as possible. Breakfast foods help to solve this problem. The preparations of Indian corn are largely in evidence. The humble mush and milk, hominy, grits, are familiar objects on the table. The meat supplied at stated times is apt to consist of the inferior cuts bought at reduced prices from the butcher who wishes to close out his stock or purchased according to contract. The larger the school, the more thrifty must be the management. The cookery is a grievance in private schools. More often than not the meat, poor to begin with, is served in such a style as to rob the pupils of their appetite. The remains, therefore, must be carefully husbanded. In due time they appear in the form of a thin, greasy, unpalatable soup. Butter is an article which notoriously differs in quality and price. A considerable sum can be saved by an economy as regards the price of butter.

Some such reproach attaches to many boarding schools, academies, seminaries, preparatory schools, and the like establishments. We remember the saying about "plain living and high thinking," but the living should always at least be good of its kind. Digestible and substantial food, capable of building up bone and muscle, nerves and blood, is what our young people need. With enough of such food and enough fresh air and sunshine school children ought to grow up healthy and strong. Youth ought neither to be stinted nor coddled.

Indigestion, headaches, cutaneous eruptions are bred just as surely in some of the most expensive private schools as in the public schools. I have had patients who were being educated in some of the most exclusive institutions in the country complain to me that they were all the time hungry. Such a state of affairs should never exist.

We are moved to such thoughts and expressions by the fact that youth is the time for laying in a good stock of strength for the coming years. It is a time of preparation. We need during that period not only to acquire a knowledge of books, but also to lay the foundation of physical strength. Bodily vigor can never be gained upon an insufficient or improper diet.

Theoretically, the heads of good schools know and assent to these statements, but they are governed very much by tradition and are apt to depreciate such matters as food and cookery, although they should know that mental capacity is dependent upon normal nutrition of the body.

Consultation Department.

◆

Chloasma.

Dr. B. A. has a patient, a young girl 20 years of age, who had measles more than a year ago. Soon after recovery her skin, which had previously been fresh, became mottled by small, brownish spots of an oval shape, varying in size, but all small. They do not itch, smart, tingle, or pain. They do not desquamate. These spots exist only upon the face. There is a large, irregular, brown patch upon each cheek. A sister had measles at the same time and also became affected in a similar manner when she recovered from the attack. The spots in the sister's case are likewise limited to the face, but are larger in size. The color is a light brown. The spots are not elevated above the surface.

This is the disease known as chloasma, popularly called liver spots. As the latter name indicates, they are commonly thought to be dependent upon disorder of the liver. Although this is true in a certain proportion of cases, it is by no means the only cause. Chloasma may be due to toxæmia or anæmia, disease of the nervous system, of some internal organ, as, for instance, the uterus or ovary. This variety is specified as chloasma uterinum. It is not infrequent during pregnancy.

Chloasma bears a considerable resemblance to tinea versicolor, but the patches of the latter disease desquamate and itch. Chloasma is produced by the deposit of pigment in the mucous layer of the skin.

In treating a case we must endeavor to ascertain its cause and direct our attention to its removal. Good local remedies are: a solution of 5 grains of corrosive sublimate to the ounce of water; an ointment of mercuric or cupric oleate; an ointment of nitrate of mercury or ammoniated mercury.

Suspected Syphilis.

A man, 25 years of age, a patient of Dr. A. W.'s, was exposed three and a half weeks previously and is now in fear that he has contracted syphilis. One week after connection he had pain at the head of his penis, with burning sensations when he passed urine. There has been no discharge from the urethra. The urine is high colored and contains a brick-dust deposit. There is said to be no sore or induration upon the penis or elsewhere. No enlargement of the inguinal glands can be discovered.

This is a case to watch. I do not think that it is syphilis. As a general rule, I begin specific treatment as soon as I have made a diagnosis of chancre. In this case, however, I should await developments. Some writers counsel that we should always wait until undoubted secondaries appear. From that opinion I dissent. A chancre can almost invariably be recognized for what it is, and a chancre is syphilis. Therefore I begin treatment at the earliest possible moment. This is a case which admits an element of doubt. The incubation period is sometimes prolonged. However, I think that the urethral irritation arises from the uric acid diathesis. I should recommend regulation of the patient's diet and avoidance of alcoholic liquor. I should prescribe lithium citrate in order to wash the uric acid out of his body.

Carcinoma of Liver.

Dr. J. B. writes me concerning a woman, 58 years of age, who has been losing flesh and strength for three months and who, two weeks ago, was compelled to take to her bed. At that time she became jaundiced, sick at the stomach, and dropsical. The vomiting has now ceased, but the woman has no appetite. The tongue is dry and tremulous. The bowels are constipated; the urine is scanty and high colored. She does not suffer much pain. The liver is immensely enlarged and extends almost to the crest of the ilium.

This is a case of cancer of the liver in an advanced stage and the patient has not long to live. As pain is not prominent there is no call for a narcotic. As irritability of the stomach has subsided and in view of the incurability of the disease, I see no indication for medicine. I should keep her on milk, with or without lime-water, and endeavor to make her last days as comfortable as possible.

Tertiary Syphilis.

Dr. A. H. has been called to see a man, 42 years of age, who has been subject for eight years to ulcers upon the right leg. They come and go slowly and break out again upon the least provocation. At the present time there are serpiginous ulcers upon the leg. Scars mark the sites of former lesions. There are also cicatrices upon the thigh. The man's legs ache, especially at night.

This patient is the victim of tertiary syphilis. He needs mixed treatment, under which the ulcers will heal. I should give him to begin with:—

℞ Hydrargyri chloridi corrosivi, gr. ij.
Potassii iodidi, ℥ss.
Tincturæ gentianæ comp.,
Syrupi sarsaparillæ co., of each, ℥iij.

M. Sig.: Dessert-spoonful three times a day.

Tertiary Syphilis.

By one of those coincidences which so often happen in the practice of medicine I was consulted by Dr. C. B. in regard to a woman, 37 years of age, who had been subject to large sores upon the right hip for three years. The ulcers developed slowly and are attended by pain, which is worse at night.

The ulcers follow the breaking down of large nodules. The patient has had a number of miscarriages.

This is a case of tubercular syphilide, and therefore belongs to the tertiary stage. I should place this patient upon precisely the same treatment as was advised for the man. Local applications are of but little importance.

Lead Colic.

Dr. M. J. describes the case of a man, 27 years of age, painter by trade, who complains of pain in the abdomen. He is constipated, has lost appetite, has flatulence, and cannot sleep well at night. The trouble began ten days previously and is growing worse. The man is weak and short of breath. He is pale and has an anxious expression. The upper part of the abdomen is painful on pressure.

The patient had a similar attack three years ago. The attack lasted three weeks, but was less severe than the present illness.

This is undoubtedly lead colic, and to clinch the diagnosis my correspondent adds that the man had wrist-drop a year ago. I should give the patient:—

℞ Potassii bromidi,
Potassii iodidi, of each, ʒiiss.
Tr. digitalis, ʒij.
Aquæ menthæ piperitæ, q. s. ad ℥ij.

M. et ft. sol.
Sig.: Teaspoonful four times a day.

The digitalis is included because it is said that the heart is weak and irritable. I should keep the patient's bowels open by means of the compound licorice powder.

Ulcer of the Stomach.

Dr. C. H. T. has a patient, 17 years of age, female, who, for six weeks has had pain at a circumscribed spot at the pit of the stomach. The pain is generally dull, but is sometimes of a gnawing character. Occasionally it is felt in the middle of the back between the shoulder blades. The patient has lost twenty-five or thirty pounds in weight since the disease began. She is weak and growing weaker. She eats but very little. She has no appetite and her stomach is intolerant. She vomits her food and sometimes blood.

This is a description of a gastric ulcer. I should limit the patient's diet to milk and limewater and if the vomiting continues I should feed her by the rectum. She should be put to bed if she is not already there, and I would first try the effect of bismuth subnitrate given by the mouth in rather large doses. The addition of cerium oxalate may assist in its being borne. Silver nitrate is likewise a good remedy, always remembering the possibility of its discoloring the skin permanently and therefore never giving it long at a time. If hæmorrhage should recur I would give her ergotin in the form of a suppository. The addition of opium is of service, more particularly where there is much pain. I withhold the opium whenever I can, however, as there is great danger of establishing a habit.

Medical News and Miscellany.

Consolidation of Medical Journals.—Southern Medicine and Gaillard's Medical Journal now constitute one periodical, the interest of the latter having been acquired by Dr. William Edwards Fitch, Editor of Southern Medicine. In the conduct of the new publication Dr. Fitch will be assisted by a number of excellent collaborators, who will supervise material connected with different branches of medicine and surgery. The consolidated journal will no doubt receive a new impetus, and by combining the features of its component parts will enlarge its sphere of usefulness. We wish it all the success it deserves.

Wedding Bells.—On the evening of October 19th Dr. Charles Lincoln Furbush and Persis, daughter of Mr. and Mrs. William Burnham, of Philadelphia, were united in the bonds of wedlock. We extend our most cordial wishes to the newly wedded pair.

Hemiplegia Due to Lumbricoid Worms.—A. Sigaud was called to attend a child of 6 years. While the patient was eating his supper, his eyes became fixed and he fell as if in a fit. His head, although turning either to the left or to the right, remained by preference turned to the left, and the eyes were rolled up and deviated to the left, with dilated pupils. The child did not speak, but only mumbled. The right arm and leg were paralyzed. The child made a movement of contraction if it was pinched, but if it was raised it tumbled back inert. Calomel and santonin were administered and the child passed twenty worms. Soon after it began to improve; it spoke, asked to eat; the paralysis diminished, and in five days it had entirely recovered.—Medical Record.

American Association of Obstetricians and Gynæcologists.—The following officers were elected for the ensuing year: President, Dr. H. W. Longyear, of Detroit; vice-presidents, Dr. D. Tod Gilliam, of Columbus, Ohio, and Dr. John Young Brown, of St. Louis; secretary, Dr. William Warren Potter, of Buffalo, N.Y. (re-elected); treasurer, Dr. X. O. Werder, of Pittsburgh (re-elected). The association will meet in New York City in 1905.

Dr. L. Z. Skinner.—Dr. L. Z. Skinner, of Windsor, Conn., has been appointed Assistant Professor of Anatomy in the Medical Department of the University of Illinois.

Brockton Hospital.—The Brockton (Mass.) Hospital Corporation has accepted a surgical building donated by Hon. William L. Douglass, to cost $22,000.

Severe Nephritis following Inunctions with Balsam of Peru.—A. Gassmann believes that the use of balsam of Peru in scabies is a procedure fraught with considerable risk, especially as it is very apt to be employed in persons with a delicate skin, women and small children, because it apparently is accompanied by no irritation of the skin. A number of instances have been reported in which the use of the balsam caused renal irritation, but the case instanced by the author is remarkable for the severity of the symptoms. The patient, a young adult of 26, was perfectly healthy previous to the inunction on two successive evenings of about 25 grams of Peru balsam mixed with vaselin. Five days later he presented the symptoms of a severe nephritis, which was almost fatal. It was not possible to say whether any previous kidney lesion had existed, but, if so, this was undoubtedly an acute exacerbation. The preparation was practically pure. There was probably an idiosyncrasy present in this case, but it would be well to determine this in every patient for whom large quantities of the drug are to be employed.—Medical Record.

Sir Felix Semon.—Invitations have been issued to a dinner to be given by the Section on Laryngology of the New York Academy of Medicine on November 1st to Sir Felix Semon of London.

Prof. G. M. Boyd.—Prof. G. M. Boyd has removed his residence and office to No. 1909 Spruce Street, Philadelphia.

Removal.—Dr. Clarence P. Franklin has removed to 121 S. Sixteenth Street, Philadelphia.

Dr. George F. Butler.—Dr. George F. Butler has severed his connection with the Alma Springs Sanitarium, at Alma, Mich., where for nearly five years he has been medical superintendent, and has returned to Chicago, where he will henceforth limit his practice strictly to internal medicine. He will fill the chairs of Professor of Therapeutics in the College of Physicians and Surgeons and Professor of Medicine in the Dearborn Medical College; he has also been appointed as one of the attending physicians in the Samaritan Hospital.

Pasadena Hospital.—The Pasadena Hospital (California) has recently received an anonymous donation of $15,000 to be applied to the construction of a new hospital building.

University of Southern California.—Among faculty additions are Dr. Luther M. Powers, hygiene and state medicine; Dr. Louis G. Vischer, diseases of stomach and intestines; Dr. Albert Soiland, electro-therapeutics and radiology; Dr. Francis M. Pottenger, pulmonary tuberculosis and climatology, and Dr. W. A. Edwards, diseases of children.

Sanitarian Appointed.—Dr. T. Victor Keen has been appointed city sanitarian by the Indianapolis Board of Health. The board will equip a laboratory for the chemical and bacteriological research work of Dr. Keen.

Honors for Gaffky.—Professor Gaffky, until recently of Giessen, has now assumed charge of the Berlin University Institute for Infectious Diseases, in which he succeeds Koch. The city of Giessen has conferred honorary citizenship on Gaffky in token of his services in public health matters during his residence there.

Dr. Harry Taylor Marshall.—Dr. Harry Taylor Marshall, of Baltimore, has been appointed by the mayor a member of the board of supervisors of city charities, *vice* Dr. Mactier Warfield, resigned.

Atlanta College of Physicians and Surgeons.—The Atlanta College of Physicians and Surgeons is to erect new college buildings at a cost of $100,000.

Gonorrhœal Stomatitis in Adults.—Jurgens believes that this process not only has a distinctive etiology, but also presents a distinct clinical picture. The patient, in the case which is reported, shortly after the appearance of a gonorrhœal urethritis, developed a diffuse inflammation of the mucous membranes of the gums and the cheeks. These were covered with a dirty-gray membrane, which could be readily wiped away, but there was ulceration. In smear preparations the gonococcus was identified with difficulty, but better success was had with cultural tests.—Medical Record.

Generous Donation for Italian Hospital.—Capt. Salvatore Pizzati, of New Orleans, has given $250,000 as the nucleus of a fund for the establishment of a hospital for Italians in New Orleans.

Dr. S. Henry Dessau.—Dr. S. Henry Dessau has resigned from the faculty of the New York School of Clinical Medicine.

Cornell University Medical College.—Dr. Frederick Whiting has been appointed Professor of Otology *vice* Dr. Gorham Bacon, resigned. Dr. Adolf Meyer has been appointed Professor of Psychiatry *vice* Dr. Allan McLane Hamilton, resigned.

St. Joseph's Hospital, Pittsburgh, Pa.—The staff of this new hospital consists of: Drs. Otto Gaub, John P. Saling, M. L. Schoenfeld, Benjamin B. Wood, Alexander R. Hampsey, Thomas P. Cochran, Charles H. Hertzog, Christopher C. Hersman, and G. Arthur Dillinger.

Pennsylvania State Medical Society.—The Medical Society of the State of Pennsylvania held its fifty-fourth annual convention in Pittsburgh September 27th, 28th, and 29th. Dr. William B. Ulrich, president, of Chester, called the meeting to order. Dr. Adolph Koenig, of Pittsburgh, was elected president. The other officers elected were Drs. Erasmus V. Swing, of Coatesville; Walter S. Stewart, of Wilkesbarre; Joseph M. Corson, Chatham Run; and James B. Ewing, of Uniontown, vice-presidents. Dr. Cyrus Lee Stevens, of Athens, secretary. Dr. Theodore B. Appel, of Lancaster, assistant secretary; Dr. George W. Wagoner, of Johnstown, treasurer. Scranton was selected as the place for the 1905 meeting.

Dr. C. L. Stevens.—Dr. C. L. Stevens, of Athens, Pa., has been elected editor and publisher of the Pennsylvania Medical Journal.

Primary Diphtheria of the Renal Pelvis.—F. Krause reports a case in which this condition was cured by operative interference. The patient complained of pain in the region of the right kidney soon after a confinement. This grew worse and several months later was determined to be due to a pyelitis. Immediate operation was done, and on opening the pelvis of the kidney the interior was found to be coated with a false membrane and filled with a necrotic mass. The kidney was then split open lengthwise and fastened in the wound with gauze strips after the manner already proposed by this author for suppurative processes of the kidney or its pelvis. The patient went into collapse after the operation, but eventually made a good recovery with complete return of the renal function. The microscopical examination showed the presence of a true pseudomembrane of the pelvis and a multiple acute interstitial nephritis. Gram's test was negative. The author claims to have been able to exclude all other methods of infection, and believes that the invasion was primary in this locality.—Medical Record.

Dr. R. W. Bruce Smith.—Dr. R. W. Bruce Smith, assistant physician at the Brockville, Ont., Asylum for the Insane, has been appointed inspector of prisons and public charities in Ontario, succeeding Dr. T. F. Chamberlain, who has resigned owing to ill health.

The Association of Pancreatitis with Diseases of the Bile-ducts.—Körte in a communication to the German Surgical Society, points out that inflammatory processes in the biliary passages may extend to the pancreas either directly from the wall of the common duct to the glandular tissue or by the common opening of this duct and the pancreatic duct in the ampulla of Vater. If the apex of the papilla be ligatured a colored solution injected into the common bile-duct will pass into the pancreatic duct. It may be assumed, therefore, that if the orifice of the papilla be closed by a calculus, a cicatrix, or a tumor, the passage of infective fluid from the biliary into the pancreatic duct is rendered possible. It has been shown by Riedel that chronic inflammation of the head of the pancreas is often associated with cholelithiasis, and disappears after successful treatment of the latter affection by removal of biliary calculi and by drainage. Acute pancreatitis in association with disease of the biliary passages has been observed by the author in 7 cases—2 of abscess in the head of the pancreas, 2 of peripancreatic abscess, 1 of acute fat necroses, and 2 of acute necrotic pancreatitis with fat necrosis. It is assumed that in 6 of these cases cholelithiasis in the form of cholecystitis was the originating cause of the inflammatory process in the pancreas. The symptoms of this latter affection cannot be readily distinguished from those of disease of the bile-ducts. The presence of a distinct swelling extending from side to side in the epigastric region is a very important element in the diagnosis. This complication of pancreatitis is a very serious one. Of the 7 cases here recorded, 4 were fatal.—British Medical Journal.

American Neurological Society.—At its annual meeting at St. Louis this society elected the following officers for the ensuing year: President, Dr. Z. W. Spiller, of Philadelphia; vice-presidents, Drs. Philip Zenner, of Cincinnati, and William Lullard, of Boston; secretary, Dr. T. M. Hammond, of New York City. Philadelphia was selected as the meeting place for 1905.

Metastatic Thyroid.—Tavel saw several interesting cases. The first was that of a woman of 40 who had been operated upon for a pelvic tumor which recurred, and after all known treatments had been applied to the recurrence the patient died and our author was enabled to obtain an autopsy. The tumor originated in the left sacro-iliac synchrondrosis, and, from the fact that it had pulsated like certain goiters do, the microscopical examination was awaited with more than ordinary interest. This latter revealed within an angiosarcoma masses of thyroid tissue typical in appearance and containing colloid substances. The title of struma metastatica was then applied to the whole. Clinically the whole thing had the appearance of a rapidly growing sarcoma, though histologically there was a normal tissue structure.

The author relates another equally interesting case of similar nature, and in the theoretical discussion of the subject not only encompasses the entire literature of the subject, but gives a classification of his own.—Southern Medicine.

Hyndman's Successor.—Dr. Albert V. Phelps has been chosen to succeed the late Dr. James G. Hyndman as secretary of the faculty of Ohio Medical College, of Cincinnati.

Danger of Lumbar Puncture in Case of Brain Tumor.—Masing reports from Dehio's clinic the case of a young woman exhibiting headaches and disturbances in vision—diagnosed as due to a brain tumor in the right frontal lobe. Great relief was experienced after withdrawal of 300 cubic centimeters of blood. Four days later 0.002 gram of pilocarpine was injected. Three days after this 30 cubic centimeters of cerebro-spinal fluid were withdrawn by lumbar puncture. The pressure was about from 10 to 15 cubic centimeters at first, but dropped to zero. Nausea followed at once with convulsions and the patient died in fifteen hours. The necropsy revealed a recent rupture of an eroded blood-vessel in a microscopical sarcomatous focus.—Journal of the American Medical Association.

Dr. Allen B. Thrasher.—Dr. Allen B. Thrasher has been elected Professor of Laryngology of the Medical College of Ohio, Cincinnati.

Radiograph and Chemical Analysis of Calcified Arteries.—A. Gascard declares that it is rare to see a radiograph which gives an outline of the arteries. These vessels are normally as transparent as the surrounding muscular tissue. When arteries become atheromatous and calcified, they may become as opaque as osseous tissue. In a patient who entered the hospital last summer the tibial arteries, anterior and posterior, the peroneal, the cubital, radial, deep palmar arch, and the collateral artery of the thumb were all shown in the radiograph that was taken. The patient was a man of 74 years. Later the patient died from the effects of an accident, and chemical examination of these arteries revealed the presence of calcium phosphate, calcium carbonate, and magnesium phosphate. The composition of the mineral matter of these arteries was the same as that of the ashes of bones.—Journal of the American Medical Association.

Intoxicant Action of Formalin.—Riggio's conclusions from his various groups of experimental researches are to the effect that formalin is a poison which induces intense hyperæmia in the organs by which it is probably eliminated. This occurs both when the poison is administered subcutaneously or by inhalation. The hyperæmia is so intense that it induces hæmorrhages in the liver, kidneys, and lungs. The formalin has also a destructive action on the cells of these organs, as he shows in detail.—Journal of the American Medical Association.

Optic Neuritis in Paratyphoid Fever.—G. Flatau reports the occurrence of a double optic neuritis in a young woman in whom the diagnosis of paratyphoid had been made by bacteriological tests. This complication has been reported a number of times in pure typhoid infection, and was believed to be directly due to the influence of the typhoid toxin. In connection with paratyphoid it has not been observed, however, and is here noticed to again call attention to the identity as regards the clinical course between the two diseases.—Medical Record.

Dr. George R. Fowler.—Dr. George R. Fowler, of Brooklyn, N. Y., has recently been elected Emeritus Professor of Surgery in the New York Polyclinic Medical School and Hospital.

Ultramicroscopical Findings in the Blood.—The new ultramicroscope has revealed some hitherto unknown phenomena in the blood-elements. Raehlmann gives several illustrations of views of the blood-cells, showing that they contain several little round bodies previously ignored. Also that these bodies and the granules are in perpetual, active movement inside the cells, hopping around and to and fro for nearly half an hour after the blood has been drawn. These findings were constant in man, animals, and fishes in all the researches. The serum and serous fluids also contain numerous particles of albumin in suspension, resembling yellow balls and gray dots, all hopping around in a lively manner, constantly changing their shape as well as place. He thinks that these findings are important from the point of view of metabolism and the vital processes in general.—Journal of the American Medical Association.

Cincinnati Sanitarium.—Dr. John A. Caldwell has resigned his position as resident physician at the Cincinnati Sanitarium to enter private practice in Cincinnati, and has been succeeded by Dr. Charles B. Rogers, formerly of Massillon State Hospital and late of Fair Oaks Sanitarium.

Antimonial and Lead Poisoning from the Use of the Linotype Machine.—Dr. Leslie Roberts has called attention to the fact that, though the use of the linotype machine has greatly reduced the danger of lead poisoning among compositors, such danger still exists, as the following case shows: A compositor, aged 29 years, began to fail in health about a year after the introduction of the linotype machine into the works where he was employed. There were pains in the limbs, tenderness of the fingers, constipation, and excessive perspiration. He continued to work for three and a half years after the onset of the symptoms and consulted several medical men, but was never suspected to be suffering from metallic poisoning. After absence from work the symptoms abated, but on resuming work the patient relapsed. Tenderness of the palms and the fingers increased so much that it compelled him to give up work, and he entered a hospital. The hands were damp with excessive perspiration and the palms and fingers were of a faint pink color. On the thenar and hypothenar eminences were minute pale papules. Dr. Roberts thought that the patient was suffering from arsenical poisoning, but the makers of the linotype metal guaranteed that it consisted of tin, antimony, and lead, and was free from arsenic. Microscopical examination of the affected skin showed congestion, but no leucocytosis. The poison had spent its force on the epithelium in an irregular manner. The stratum lucidum was remarkably thickened, the rete cells were actively proliferating, and the prickle cell stratum was enlarged. The epithelial ridges were enlarged laterally and there was cavernous dilatation of the intra-epithelial portion of the sudoriparous ducts. Such changes are produced by a metal of the arsenical group and must have been due to the antimony. In addition to the constipation there was evidence of lead poisoning—tremors and lead in the urine. The absence of colic may have been due to modification of the symptoms of lead poisoning by the antimony. This case shows that air shafts and ventilators should be fixed above the metal-pot containing the molten linotype metal for the purpose of carrying off the fumes.—Lancet.

Litchfield County (Conn.) Hospital.—By the will of the late Mrs. Ruth Ann Adkins, of Winsted, the residue of the estate, after the payment of legacies, is devised to the Litchfield County Hospital. The value of the bequest is about $15,000.

Hæmatemesis Substituting Menstruation.—Rapallo y Vela, of Madrid, reports a case of gastrorrhagia recurring two months in succession at the periods of suppressed menses. The subject was a nervous, anæmic young woman and the menses had been suppressed for several months. The gastrorrhagia was combated by rest in bed and cold, fluid food, with hot applications to the lower abdomen and legs and appropriate tonic medication. Menstruation returned normally the following month and thereafter.—Journal of the American Medical Association.

Book Reviews.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Second Series. Volume IX. L-Lyuri. Washington: Government Printing Office, 1904.

This magnificent publication furnishes us with a clue to the medical literature of the civilized world. In the present volume we find references to 2599 volumes and 8291 pamphlets. The library now contains 149,566 bound volumes and 256,516 pamphlets. The series of volumes constituting the index-catalogue of this vast collection are of inestimable value.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A. Volume III. Fourteenth Series, 1904. Philadelphia: J. B. Lippincott Company, 1904. Price, Cloth, $2.00, net.

In the preparation of these volumes the editor is aided by a number of eminent collaborators and regular correspondents in foreign medical centers.

In the present volume a section is devoted entirely to the subject of syphilis. Various aspects of this great and far-reaching infection are displayed by writers who have had unusual opportunities for familiarizing themselves with the features of this protean disease. The other sections represented are: treatment, medicine, surgery, gynæcology, and neurology. Some of the more important subjects discussed are chronic constipation, by Dr. Boas, of Berlin; the treatment of diabetes mellitus, by Dr. T. Stuart Hart, of New York; scurvy, by Dr. Andrew Duncan, of London; strangulated umbilical hernia in women, by Dr. Thomas H. Manley, of New York; osteomyelitis and osteosarcoma, by Dr. Charles Greene Cumston, of Boston; hæmorrhage at and after the menopause, by Dr. Cuthbert Lockyer, of London; and paralysis agitans, by Dr. F. W. Langdon, of Cincinnati. The illustrations of syphilitic eruptions are most graphic. The reader will find both satisfaction and instruction in the pages of this book, which can be unhesitatingly recommended.

A Text-book of Pathology. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Pathologist to the Medico-Chirurgical Hospital, Philadelphia. Handsome Octavo Volume of 818 Pages, with 350 Illustrations, a Number in Colors. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5.00, net; Sheep or Half-morocco, $6.00, net.

The author describes in very clear style the changes wrought by disease in the tissues and organs of the human body. Pathology is one of the fundamental branches of medical science, and it is especially valuable on account of its close relationship to rational treatment. Professor McFarland has had a large experience in the classroom and the laboratory. His training has fitted him to prepare a work upon the subject which he so ably represents. He is necessarily acquainted with the needs of students of medicine as well as with the difficulties which they encounter in the study of pathology.

This book is naturally divided into two parts: general and special pathology. In the first part the author has to deal with the characteristics of cell-life; tissue changes, both retrogressive and progressive; the pathology of nutrition and of the circulation, parasitism, immunity, and infection.

In the second part he takes up the study of alterations produced by disease in the blood and circulatory system; the respiratory, nervous, reproductive, and urinary systems, etc. He has written his book with a special view to the instruction of medical students, and omits all irrelevant or undemonstrated matter, however interesting it may be in its nature.

The consequence is a work which can be relied upon as a guide to what is actually known upon the subjects of which it treats, but which does not propose to take up a discussion of unsettled questions. This, in fact, is what most of us require. As a foundation for a solid knowledge of pathology this is a work of excellent quality. After the student has mastered its principles he is prepared to go afield, if he choose, in the search for new facts and the study of deeper problems. The illustrations are remarkably good.

A Text-book of Materia Medica. Including Laboratory Exercises in the Histological and Chemical Examination of Drugs for Pharmaceutical and Chemical Schools and for Home Study. By Robert A. Hatcher, Ph.G., M.D., Instructor in Pharmacology, Cornell Medical School, New York, etc., and Torald Sollmann, M.D., Associate Professor of Pharmacology and Materia Medica in the Medical Department of Western Reserve University. Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Price, $2.00, net.

Although the text is condensed, yet this book conveys much instruction to the student. It is intended as a guide to laboratory work, and is entirely devoted to the organic substances of the Materia Medica. It teaches how to study these by gross inspection and under the microscope and by chemical methods. This kind of study is adapted to be both more interesting and more valuable than reading descriptions from a book. The authors have classified their drugs according to their botanical structures, as roots, barks, leaves, etc. As introductory to the subject it answers an excellent purpose.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines. With an Account of their Relations to other Diseases and of the most Recent Methods Applicable to the Diagnosis and Treatment of them in General; also "The Gastro-intestinal Clinic," in which all such Diseases are Separately Considered. By Boardman Reed, M.D., Professor of Diseases of the Gastro-intestinal Tract, Hygiene, and Climatology in the Department of Medicine of Temple College, Philadelphia, etc. Illustrated. New York: E. B. Treat & Co., 1904. Price, $5.00, net.

In this work the author furnishes us with an excellent *résumé* of the more recent studies of anatomy and physiology which have thrown new light upon the pathogenesis of diseases of the alimentary tract. It will be particularly acceptable to the general practitioner from the fact that it lays stress upon and gives a faithful account of the modern methods of determining the physical and secretory conditions of the stomach, of obtaining and examining its contents, the fæces and blood. The importance of urinalysis in gastro-intestinal disease is likewise fully considered. The author discusses very fully the dietetic treatment of disease and—a feature which will be appreciated—gives detailed information as to progressive series of diets, indicating the class of cases for which specified diets are required. In addition to the drugs which are useful in diseases of the stomach and bowels the author points out the value of exercise, massage, electricity, lavage, etc. In Part IV of the book he enters upon a systematic and detailed study of the various disorders of the gastro-intestinal canal, presenting their symptomatology in lucid style, dwelling on the points of diagnosis, setting forth the pathology of those affections, and discussing their treatment. A lecture of special interest is devoted to the relationship between gastro-intestinal disease and maladies affecting other parts of the body. This interdependence of morbid conditions is a subject which the physician must often take into account if he would understand his case and benefit his patient. The bacteria and animal parasites which infest the stomach and bowels are described. The author has produced a work which will be of practical service to the physician.

Thirtieth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year Ending June 30, 1902. Lansing, Mich.: Robert Smith Printing Company, 1903.

Dr. Baker is known throughout the country as an extremely energetic and competent officer. This report of a year's work in sanitation contains much valuable matter. In addition to taking care of the public health the board has been active in issuing information of a popular character with the view of collaboration by the intelligent public.

A Compend of Medical Latin. Designed Expressly for Elementary Training of Medical Students. By W. T. St. Clair, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Ky., etc. Second Edition, Revised. Philadelphia: P. Blakiston's Son & Co., 1904. Price, $1.00, net.

This is one of the Quiz Compend series. It is admirably prepared to serve its purpose. The declensions and conjugations are given and at the same time a vocabulary is associated. Proceeding easily through its pages the student can have no difficulty in acquiring an insight into the Latin language, especially in relation to medical terms.

Diseases of the Nose, Throat, and Ear and their Accessory Cavities. By Seth Scott Bishop, M.D., D.C.L., LL.D., Author of "The Ear and its Diseases"; Honorary President of the Faculty and Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-graduate Medical School and Hospital; Surgeon to the Post-graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third Edition. Thoroughly Revised, Rearranged, and Enlarged. Illustrated with 94 Colored Lithographs and 230 Additional Illustrations. 564 Pages, Royal Octavo. Price, Extra Cloth, $4.00, net; Sheep or Half-russia, $5.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This work has achieved a remarkable and deserved success. It is prepared in such a thorough, excellent, and instructive manner that it cannot fail to meet with appreciation. The author has known how to elucidate his subject without the embarrassment of comparatively irrelevant detail. The various diseases and injuries of the important organs to which he has given so much special study are delineated with a graphic pen. The symptoms to which they give rise, the pathological lesions which they occasion, the manner in which they may be recognized and differentiated from each other, and, the final object of the physician, how they are to be treated,—all these matters are set forth in a style notably clear of prolixity.

The third edition has been revised in order to incorporate the new material which has accumulated since the second edition was published. There is much activity in the department of medicine represented by this volume. New instruments are being invented, new operations devised, relationships discovered, cases reported, pathogenesis investigated. This progress necessitates periodical revision of standard treatises. Taking advantage of the opportunity the author has recast his text, omitted material which has been superseded and added all that is of value in the latest researches. Some matter has been condensed, some has been expanded. The author has diligently reviewed the literature of his subject and has brought all his chapters strictly up to date. He has taken particular care to represent the work of American authors.

The changes which have been made in this edition are in accordance with the original plan and will doubtless increase its usefulness and popularity. The typography and illustrations are admirable.

A Text-book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D., formerly Professor of Gynæcology in the University of Pennsylvania. Fifth Edition, Thoroughly Revised. Octavo Volume of 539 Pages, with 221 Fine Original Illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $3.75, net.

We took pleasure in commending this book when it was first presented to the profession. Our opinion of its merits has been justified by its decided success. It is avowedly written for the medical student. As a students' text-book it possesses high qualities. Its instruction is sound, but the author does not undertake to describe every operation or every method of treatment. Too much elaboration is very apt to spoil a book for the medical student. Dr. Penrose has been very happy in knowing what to include and what to omit. Any student who masters this book can build upon a safe foundation in his future course. The style of the author is exceedingly direct and lucid. He goes straight to the heart of his subject. The descriptions of the operations required for different conditions are models. In the present issue the author has made whatever additions were necessary in order that the work should faithfully represent its subject as known, taught, and practiced to-day.

Hand-book of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. St. John Roosa, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School, formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A.M., M.D., Professor of Diseases of the Eye in the New York Post-graduate Medical School; Fellow of the New York Academy of Medicine. 300 Pages; Square 12mo. Price, Extra Cloth, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This is an excellent manual. The authors have had a large experience in the tuition of both undergraduates and graduates. They are thoroughly aware of the needs of both classes. Both need skillfully condensed works in which they shall find all the essentials of the subject. Such a book is useful for the sake of reviewing what they have seen in the clinics and impressing it upon the mind. The writers of this book have been very successful in accomplishing the object which they had set before themselves, and the result of their labors will doubtless be appreciated by a large circle of readers. The general practitioner either in town or country needs sufficient knowledge of diseases of the eye and ear to treat the commoner and more superficial affections and to know when to refer cases to the care of a specialist. This is precisely the kind of knowledge which they may acquire from this book. The text is good and the book is issued in excellent style.

COMMERCIAL NEWS.

◆

RESPIRATORY TRACT: AFFECTIONS, SYMPTOMS, AND TREATMENT.

By Dr. Arthur B. Smith,
SPRINGFIELD, OHIO.

The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease.

Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but nevertheless there are times when nothing else gives satisfaction; therefore the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but, when it is once found, it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air-passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them cannot be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason. With the advent of heroin, however, these disagreeable features have, to a great extent, been avoided. Heroin, in the vast majority of cases, can be tolerated by even the most sensitive stomach, and, if any disturbance should occur, it can easily be obviated by decreasing the dosage and then gradually resuming the previous amount. Heroin can be prescribed, in cases which are complicated by an enfeebled heart, without danger of depressing effects. As compared with codeine, its sedative action on the respiration is much more powerful. The fatal dose of heroin is said to be one hundred times the efficacious dose, while with codeine the efficacious dose is one-tenth of the fatal dose. In other words, heroin is ten times safer than codeine, and can be given in much larger doses, if necessary, without danger. It appears to exert a specific action on the center of respiration without causing disturbances of any other organs or centers, and there is no danger of acquiring any habit by its use.

In phthisical patients the well-known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerin, combined with expectorants, called Glyco-heroin (Smith). Each teaspoonful of this preparation contains $^1/_{16}$ grain of heroin by accurate dosage. It is of agreeable flavor; therefore easy to administer to children, for whom the dose can be easily reduced with any liquid or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good.

Case I.—S. B., aged 16, caught a severe

(Continued on Advertising Page 18)

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cold while traveling. This developed into an unusually severe attack of bronchitis, with mucous râles, pain, cough, and some slight fever. Prescribed Glyco-heroin (Smith) 1 teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer, and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-heroin (Smith) was given and the results from its use were excellent.

Case II.—W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining posture. Glyco-heroin (Smith) in teaspoonful doses every three hours gave speedy relief and a cure was effected in a few days.

Case III.—S. W., aged 60. Chronic bronchitis. Had coughed for years, with expectoration of a thick, yellow, purulent, and very offensive matter. Had lost flesh gradually until about twenty pounds below usual weight. No appetite, very constipated, pains all over chest, night-sweats, and insomnia. Patient on the verge of nervous prostration and greatly weakened. She was given bromides, a tonic, and Glyco-heroin (Smith), the latter in the usual dose at intervals of two hours. The first few doses were not well borne, as they seemed to cause some nausea, but, by giving a smaller dose and then gradually increasing it, tolerance was soon obtained, and the results were remarkable. The cough and expectoration greatly decreased, the appetite improved, and the patient became much better in every way. The treatment was continued as before, except that the Glyco-heroin (Smith) was given every three hours. In three weeks the patient was eating almost everything she pleased, and sleeping well. The night-sweats had stopped, together with the cough, and, as the patient expressed it, she "felt like another woman." At present she is in perfect health and needs no medicine except an occasional laxative.

The Chinese

Their Present and Future

Medical, Political, and Social

By ROBERT COLTMAN, Jr., M.D.,
Professor of Surgery in the Imperial University; Surgeon Imperial Chinese Railways, etc.

Handsomely Illustrated. Royal Octavo.
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(Continued on Advertising Page 20.)

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fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured and there was no unpleasant sequelæ, the patient at present being in perfect health.

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"Fifteen parts of hydragogin represent 1.5 parts tincture of digitalis, 2.5 parts tincture of strophanthus, scillipicrin and scillitoxin, which are the active principles

(CONTINUED ON ADVERTISING PAGE 22.)

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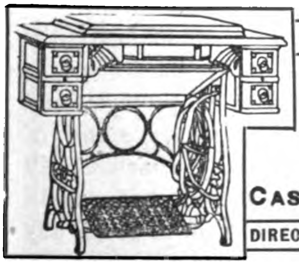

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The treatment of Organic disease of the heart by the Pneumatic Differentiation, a method which gives results far surpassing pure medication, Nauheim or Schott treatments. The high arterial tension and overworked heart are relieved at once. The resistance to the systemic and pulmonic circulation is overcome by diminished pressure, and the superficial circulation is readily restored.

This is the first institution to take up this important treatment. When all has been done that can be accomplished by *home* and *office* treatment the heart still continues to give its possessor trouble, because the business or professional man still pushes his business until apoplexy or exhaustion calls a halt.

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of *Scilla maritima*, and 0.5 parts oxysaponin, which is obtained from *Herniaria glabra.* Probably this last ingredient is the most important; at least this is the consensus of opinion on the subject, and the action of this substance on the system certainly deserves to be further investigated. Oxysaponin is a gray, amorphous powder and has a pungent, irritating odor and rather a flat taste; it is sternutatory and foams readily on being shaken.

"Hydragogin acts directly on the cardiovascular system, kidneys, and bowels. The action of the tincture of digitalis and strophanthus on the cardio-vascular sytem is well known; the arterial tension being increased throughout the body, it necessarily follows that the blood-pressure is increased in the kidneys. Scillipicrin and scillitoxin stimulate the heart's action as well as the epithelial lining cells of the uriniferous tubules of the kidneys, producing diuresis. Oxysaponin, when administered alone, excites diuresis and causes watery stools; hence we see that the action of hydragogin is freely diuretic and cathartic."

We learn by this that the object desired in using this remedy is not alone to obtain diuresis, but its action upon the hepatic function also gives relief to the bowels and thus acts directly for the relief of extreme œdema and dropsy. We know full well that this is our greatest aim in the treatment of severe cardiac cases, particularly where the right heart needs relief. Hydragogin in its direct action upon the cardiovascular system comes to our aid decidedly in this respect. Nephritis, which is such a common complication in heart troubles, is thus greatly relieved by its action. Uræmia, hepatic cirrhosis, and the inflammations arising from uric acid irritations also respond readily to its administration.

In my previous treatment of heart diseases it has always been a difficult matter to find a remedy which would promptly and surely relieve these extreme signs of œdema and dropsy. Many remedies will act temporarily in this respect, but none in my experience heretofore have given any

(CONTINUED ON ADVERTISING PAGE 24)

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THE FAMILY LAXATIVE.

THE ideal safe family laxative, known as Syrup of Figs, is a product of the California Fig Syrup Co., and derives its laxative principles from senna made pleasant to the taste and more acceptable to the stomach by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria Senna, and its chemists devote their entire attention to the manufacture of the one product. The name Syrup of Figs means to the medical profession "the family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine Syrup of Figs. It is well known to physicians that Syrup of Figs is a *simple*, *safe*, and *reliable* laxative, which does not irritate or debilitate the organs on which it acts, and, being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at 50 cents per bottle, and the name,—Syrup of Figs,—as well as the name of the California Fig Syrup Co., is printed on the wrappers and labels of every bottle.

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There is not a man or woman in America who would not spend a fascinating hour or two in examining this. Sent free on receipt of ten cents to pay postage.

J. W. WHITE, GENERAL INDUSTRIAL AGENT
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lasting help. It has thus been necessary to seek the surgeon's aid by the multiple incisions in the ankles or the trocar in the abdomen. I have always found, whenever these methods were resorted to, that the dropsy increased later until repeated surgical interference in this respect was called for. We all know that as soon as we begin to relieve abdominal ascites in this respect the condition gradually becomes aggravated until no help is possible.

My first case in which I attempted the use of this remedy was the worst I have seen for some time. A lady, 45 years of age, had been suffering for a long time with a pronounced aortic regurgitation and a relative mitral insufficiency. She had been under the care of another physician who had abandoned hope. When I was called it was only as a last resort. I found her sitting in a chair and the abdomen was terribly distended with ascitic accumulation. The limbs were so œdematous that she was obliged to support them constantly in another chair. The respiration was labored and cyanosis was pronounced; the heart was struggling under a marked weakness and arhythmia; the pulse was rapid and intermittent, and the lung œdema was excessive. The amount of urine did not average more than 400 cubic centimeters in twenty-four hours. Urinary examination revealed an abundance of albumin and many granular casts.

The patient had not been able to sleep much and was obliged to rest at night in the upright position in a chair. The outlook was apparently unfavorable, and we did not expect to do more than give temporary relief at best. Normal salt enemas were used regularly and the patient was compelled to drink copious draughts of distilled water. Hydragogin, in 15-drop doses. was given every three hours. In a few days the amount of urine increased somewhat and the patient began to breathe more freely. In two weeks' time the diuresis was so complete that she passed daily nearly 2 quarts of urine. The dropsy began to disappear and the heart's action im-

(CONTINUED ON ADVERTISING PAGE 25.)

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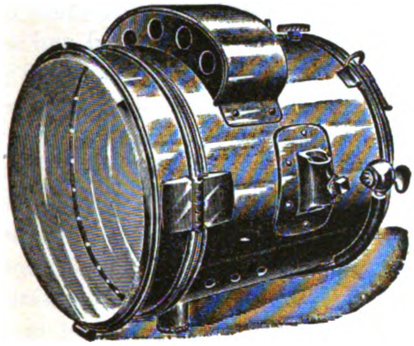

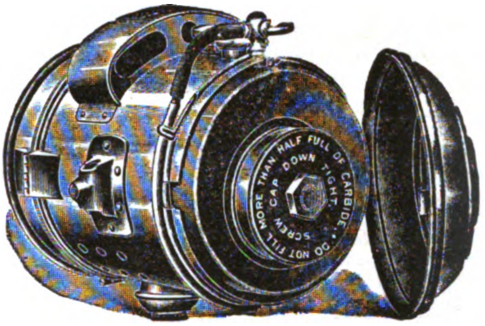

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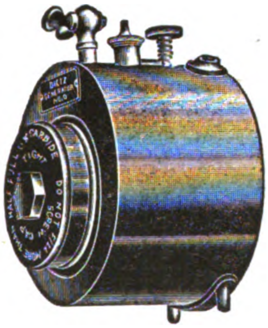

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It is small and compact, holds 3-4 lb. of carbide, runs 10 hours with one filling, and can be turned out and burned again and again without material waste of carbide. Simplest construction of any Acetylene Lamp and certain in operation. Size of complete lamp, 7½ inches high, 9 inches deep, 6 inches diameter. Will light the road 300 to 400 feet. Send for circular. Sold by all live dealers.

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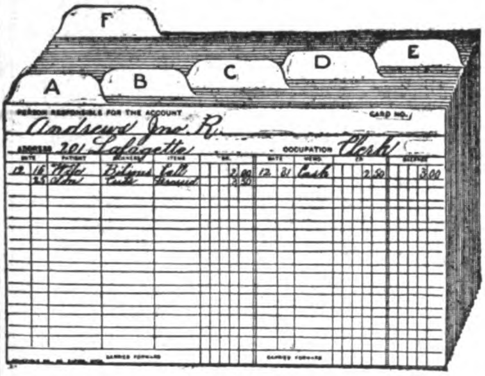
We have devised a Card System for physicians for recording **all** the information in connection with **each** case, and also keeping a record of the account of each patient. It is the most *practical* and *convenient* arrangement known, and one that is very popular with the medical profession.



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200 Record Cards, highest quality linen bristol, white, pen ruled in colors, and printed.

Two Sets of 20-Division Alphabetical Guides, two colors, one for indexing "Open Accounts" and one for "Closed Accounts."

It is worth, at retail, $3.50. **We offer** it at this **very low price** *simply to advertise* our labor-saving systems for physicians' use. Mention this ad and publication.

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DEVISERS OF SYSTEMS FOR PHYSICIANS

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proved considerably. By the aid of intercurrent indicated remedies we were able to correct many of the other disturbing symptoms, and the patient was able to sleep quite comfortably in the recumbent position.

At the end of the month we were astonished at our patient's improvement. Nourishment was tolerated and the strength gradually improved. The heart steadied down decidedly and the cyanosis disappeared with the improved dropsical conditions. At the end of the second month another examination of the urine was made, and to our greater astonishment the albumin had entirely disappeared and the granular casts were few in number. This was the most encouraging surprise of all, and it taught me that we had evidently found a very valuable remedy in these serious cases. It is now the fifth month since I undertook the treatment of the case. The patient is apparently enjoying fairly good health and I only make an occasional visit now and then. She goes out every day and walks for blocks without any apparent discomfort. She is daily gaining in flesh and strength and says she feels perfectly well. While the cardiac lesions are still in evidence, the compensation is sufficient to give fairly good heart action. I really believe that we shall prolong her life decidedly and give her a fair degree of comfort. This is more than I have ever done in a similar case before. It makes me feel that we have found in Hydragogin a remedy which will be worth much to us in the treatment of these cases.

About the time I took this case I was called to two similar ones in consultation in the country. The same remedy was employed, and my correspondence with the physicians in charge has revealed similar reports of good results. It is my hope that other physicians may find equal comfort in the use of this remedy.—The Clinique, November 15, 1903.

HOW TO PRESCRIBE CODEINE.

The idea that codeine causes a habit or checks secretions is due to the fact that

CHEMICAL
NEURILLA
TRANQUILIZES THE NERVES
TEASPOONFUL REPEATED AS NECESSARY
NO BAD EFFECTS
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most of the codeine on the market contains morphine. Pure codeine neither checks secretions nor induces a habit, no matter how long it is used. Its analgesic and sedative properties are far inferior to those of morphine and its usefulness, alone, is practically confined to alleviating irritable conditions of the respiratory tract; but when combined with certain other analgesics, notably salacetin, it has a peculiar, remarkable, and extremely valuable efficiency in removing pain in lithæmic conditions, which it does more thoroughly than morphine, with none of the objectionable features of opiates. Codeine does not impair the eliminative action of salacetin, but does greatly increase its analgesic effect in rheumatism and neuralgia. The combination is taking the place of salicylates and opiates in the treatment of painful uric acid conditions, as it not only relieves pain without checking secretions or danger of a habit, but also removes uric acid without renal or stomachic irritation. A tablet combining 5 grains of salacetin with $^{1}/_{4}$ grain of codeine sulphate is coming into favor, and its utility is so apparent that its use will undoubtedly become general in a short time.

A Calmative and Nerve-Tonic.

For nervous irritability and insomnia, accompanying the menopause, Daniel's Conct. Tinct. Passiflora Incarnata should be administered in teaspoonful doses, every hour, gradually lengthening the intervals as the nervousness is controlled. Its action is especially gratifying with neurasthenic patients. It relieves neuralgia and gives results where other calmatives are powerless.

Several cases recently reported of hysteria and sleeplessness in patients of all ages, due to dissipation, overwork, and other causes, indicate that the practitioners are obtaining splendid cures from Passiflora, and dwell on the fact that no bad after-effects are encountered.

Passiflora gives quietude and refreshing sleep and may be employed with assurance in all affections of the nervous system.

The Uric Acid Diathesis Conquered.

There is a class of diseases which are difficult to classify and even more difficult to diagnose. They are due to an excess of uric acid and faulty elimination generally. The patient may present himself complaining of one thing or another, but the experienced practitioner will soon realize that uric acid is at the bottom of the trouble. In just such conditions Calcalith gives excellent results. An office test will probably show that there is marked acidity of the urine, and, such being the case, the doctor will be safe in dispensing a score or more of Calcalith tablets, ordering one taken every three hours with a glass of barley water. A second examination of the urine after a few days' treatment will show a marked improvement. Calcalith dissolves uric acid concretions and favors elimination, and where there is any tendency to the formation of calculi the exhibition should be continued for some months. In

(Continued on Advertising Page 29.)

An Invitation

The publishers wish to quote the following from Dr. John V. Shoemaker's editorial in a recent number of THE MEDICAL BULLETIN :—

"The Ductless Glands in Therapeutics"

"At this point therapeutists are brought face to face with the practical application of this course of reasoning and study. In the wake of laboratory experiments the time has now arrived for clinical experiments. The everyday practitioner of medicine does not possess the time and, as a rule, he has not had the training to do original laboratory work. It must be remembered, likewise, that it is not merely the performance of experiments in the laboratory that is of service in advancing science. The chief gain undoubtedly consists in the correct interpretation of these experiments. This happy facility in deducing the meaning of facts observed is what gave such permanent importance to the work of Charles Bell, Marshall Hall, Claude Bernard, and Brown-Séquard. In such questions the average physician must depend upon the leading authorities of chemistry and physiology. Within his proper sphere, however, he has an equally important work to do. By his observation at the bedside he can put to the test theories or suggestions based upon purely scientific work. Medicine has developed in some very unexpected ways during the last two or three decades.

"The subject of internal secretions, as far as yet known, has already shown us some surprising revelations in therapeutic possibilities. It is reasonable to suppose that as knowledge advances we shall recognize more fully the potentialities of treatment by means of ductless glands, their extracts and secretions.

"In order to further this movement we should be pleased to open the columns of THE MEDICAL BULLETIN to subscribers, contributors and members of the profession to the discussion of these important topics. While the solid basis of success and advance must be pure science, yet applied science in therapeutics is, after all, what chiefly concerns the general practitioner, and not only that useful and hard-worked individual, but, also, and particularly, his patients. Short, practical communications upon the efficacy of the ductless glands in therapeutics, and especially of the adrenal system, as outlined by Dr. Sajous, may have a large share in determining the exact position which they shall occupy in the treatment of disease. This is the goal toward which the practitioner's eyes are ever eagerly directed. Everything, to his conception, converges to that end. The discoveries of science interest him chiefly in proportion to their usefulness in alleviating the miseries of mankind."

It is eminently desirable that this subject be thoroughly investigated, and that the result of such investigations in the interest of medical science be published as early as possible. The publishers join Dr. Shoemaker in an invitation to the medical profession to contribute the results of bedside and clinical experience based upon this new line of medical study.

Repeating and endorsing the concluding sentence in the editorial referred to :—

"The discoveries of science interest chiefly in proportion to their usefulness in alleviating the miseries of mankind."

Truly yours,

F. A. DAVIS COMPANY.

less marked cases 1 tablet twice daily with a full glass of water and thrice weekly a teaspoonful of Salithia before breakfast will prove amply sufficient. In most of these cases there will be more or less bowel torpidity, and small doses of calomel and podophyllin (with or without emetine) every few days will be a useful adjuvant to treatment. Diet should be carefully regulated and any digestive disturbance corrected. The colchicin in Calcalith may cause free stools if full doses are given: If this results the dose may be lessened for a few days. A moderate cathartic action is desirable, however.

Cacodylic Medication with Women.

One of the most interesting points in the communication of Professor Gautier to the Academy of Medicine was that which proved the close relation existing between the presence of arsenic in the organism and the menstrual function. Indeed, while noticing that under the influence of Cacodylate of Soda the hair of women was becoming more abundant—which is a direct consequence of the exciting action of arsenic on the epidermic appendixes—he noticed also less irregularities in the menstrual periods. A point that very well confirms the fact that the menstrual blood always contains arsenic (0.28 milligram), while the common blood does not contain any. This rôle of arsenic in the capital manifestation of woman life was well set forth by M. Gautier in the following lines:—

"Thus arsenic and iodine are normally eliminated each month with the menses, and this flow has for its origin and purpose a sort of depletion of the vital portions of the economy which are rich in phosphorus, and more especially of those which are elaborated by the thyroid. After having been elaborated in the thyroid, the particular nucleoproteids formed in that gland are at all times carried away in the lymphatics and deposited in the blood, to perform there the part of excitants of vitality, and of cell reproduction. These thyroidian proteids nourish the skin and its appendices, which are always arsenical. But each month their surplus passes out with the menses, except in case of pregnancy, when the globulins and the thyroidian nucleoproteids are utilized by the body of the new being, which needs phosphorus, iodine, and arsenic of such exceedingly plastic form."

It will not be surprising that, among the first results obtained with Cacodylate of Soda in the treatment of pulmonary tuberculosis, the phenomenon of more abundant and more regular menstruation appears. It is known that irregularity, diminution, and even disappearance of the flow are frequent symptoms of the effects of tuberculosis.

M. Jalaguier reports in his thesis some interesting observations on this subject. For one, he mentions the case of a girl of 15 years, with incipient tuberculosis, who had not seen her turns for three months; a little more than one month after the treatment they reappeared.

Another case is that of a girl of 16, ill of tuberculosis of the second stage, who had not seen her menses but a single time since her fifteenth year. Under the influence of the treatment the development of the mammary glands was brought about, her menses appeared in sufficient volume, reappearing every twenty-four or twenty-five days.

A third observation was the case of a girl of 16 suffering from chloranæmia, in which a menstrual period of three weeks was better regulated. These facts of chloranæmia so fortunately influenced by the cacodylic medication, added to the known fact that the blood of menses, anæmic, leucorrhœic, and discolored, does not contain arsenic, ought to cause the same question to be of importance in that disease which concerns the chloranæmia essential, chlorosis.

It is this subject which M. Vangeon has chosen in his recent thesis, "Contribution to the Study of Cacodylate of Iron in the Treatment of Anæmias in General, and Chlorosis in Particular." He concludes that he would prefer the Cacodylate of Iron, which M. Comar has more appropri-

(Continued on Advertising Page 30.)

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ately called Marsyle, to the other iron preparations. Its action, which is double (multiplication of the red globules and production of hæmoglobin) is of a marvelous effect upon the ordinary symptoms of chlorosis (vertigo, headache, feebleness, neuralgia, hyperchloriasis). In order to obtain the desired effect, it is sufficient to give a daily injection of 3 centigrams of Cacodylate of Iron for ten days.

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the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids. Appreciating the importance of the command, "Keep the bowels open," particularly in the colds, so easily taken at this time of the year, coryza, influenza, and allied conditions. Dr. L. P. Hammond, of Rome, Ga., recommends "Laxative Antikamnia and Quinine Tablets," the laxative dose of which is 2 tablets, every two or three hours, as indicated. When a cathartic is desired, administer the tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fæcal matter.

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THE
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VOL. XXVI. PHILADELPHIA, DECEMBER, 1904. No. 12.

Original Communications.

CARCINOMA OF THE MAMMARY GLAND: EARLY DIAGNOSIS AND RADICAL OPERATION NECESSARY FOR ITS CURE.[1]

By W. L. RODMAN, LL.D., M.D.,
Professor of Surgery, Medico-Chirurgical College, Philadelphia; and Professor of Surgery, Women's Medical College of Pennsylvania.

IN the first place, I must express my sincere thanks to the officers of the Section for the courteous invitation extended me to read a paper at this meeting. The honor is as much appreciated as it was unexpected. I am deeply grateful for the privilege of again spending my vacation in Great Britain, as my memory of the meeting at Manchester in 1902, with its wealth of scientific work and brilliant entertainments, has only enhanced my desire to attend this meeting at beautiful and classic Oxford.

In introducing for your consideration the always interesting subject of cancer of the breast, I do so with no hope of presenting anything strikingly new, but with the purpose of emphasizing that which seems to me true. In fact, I hesitated to select a topic so ably and fully discussed by the leading surgeons of Great Britain (Banks, Bryant, Cheyne, Drew, Sheild, and others) during the past few years, and only did so for two reasons: first, the widespread interest felt in this pitiless enemy to civilization, which is increasing in such a startling manner in both England and America; secondly, because the modern or complete method of operating had its birth in London in 1867, and was enlarged and its benefits extended in Baltimore in 1894.

Too much credit cannot be given to Moore, of London, who conceived and introduced, and to Sir William Banks, of Liverpool, and S. W. Gross, of Philadelphia, who popularized with English-speaking peoples the present plan of operating radically or not at all. The futility of incomplete operations was demonstrated by each of them; nay, more: they were shown to be positively harmful in many instances, stimulating, as they did, infected tissue, necessarily left behind, to an unwonted growth.

Halsted, of Baltimore, and Meyer, of New York, almost simultaneously advocated the removal of the pectoral muscles in every case, regardless of apparent infection, so that all cancerous tissue and lymph-bearing channels might be removed in one mass, and a better and safer dissection of the axilla could be made. Halsted went further than Meyer in two important particulars, namely, to sacrifice so much skin as to make grafting usually, if not invariably, necessary; and to explore the posterior triangle of the neck in every case, removing, if present, enlarged glands and infected fat. He said that no one could rightly affirm or deny the existence of enlarged axillary glands until the space was carefully explored from base to apex, and that the same rule should obtain with the subclavian triangle, though admittedly less frequently involved.

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[1] **Read before Surgical Section of British Medical Association, Oxford, July 28, 1904.**

Though a decade has passed since Halsted's publication, nothing more radical has been or is likely to be offered, and many, I might justly say most, surgeons yet hesitate to go so far as he advised. Therefore, we are justified in viewing the complete method, as we now understand it, as a composite procedure, the combined work of English and American surgeons, or an Anglo-American operation truly.

DIAGNOSIS.—No one will question that better results in the future, if they are to be had, must follow earlier rather than more extensive operations. It is desirable, as Sir William Banks pointed out a quarter of a century ago, to operate for cancer of the breast when the growth is no larger than a pea, if patients only applied to us then, or the diagnosis could be made. Unfortunately, things have improved but little, and general practitioners do not send us their cases of breast cancer much sooner than they did then, owing partly to their inability to make an accurate diagnosis, but more to their want of faith in the ability of surgery to cure them. This is not to be wondered at when we recall that Sands, of New York, and Agnew, of Philadelphia, each said, after an illustrious career in surgery, that he had seen no case of mammary carcinoma cured by operation. Pessimism is so easy, optimism so difficult, when dealing with cancer, that we can only hope to counteract the false teaching of a past era by "a long pull, a strong pull, and a pull all together," which cannot, for the good of suffering women, be too oft repeated. An accurate clinical diagnosis is not always possible, as in 305 malignant tumors treated at the Johns Hopkins Hospital a diagnosis could not be made with sufficient positiveness to warrant a complete operation before exploratory incision in 28 of them, or 9 per cent.[1] It is even more difficult to recognize clinically benign neoplasms—solid and cystic. Adenofibromata and intracanalicular myxomata, when deeply placed and covered by an excess of fat, cannot be palpated and differentiated. Cysts may be as troublesome. Bryant,[2] in an analysis of 242 mammary tumors, found cysts simulating cancer in the proportion of nearly 1 to 3 (25 cysts to 74 carcinomata). In doubtful cases there is a conservative and, I believe, safe course to follow. Instead of making, as many advise, an incision into the growth for diagnostic purposes, and then closing the wound—a practice not altogether satisfactory and certainly not free from danger I prepare for and get the consent of the patient to a complete operation. A competent microscopist is asked to be near at hand when the operation is begun, with his apparatus prepared for rapid yet accurate work. If the chances strongly favor benignity, the tumor and its capsule *only* are removed and submitted for an immediate examination and opinion.

Usually in less than ten minutes the report is returned. If there is a strong suspicion of malignancy a portion of the growth, near its center, is removed, the wound at once plugged with gauze, and nothing further done until the pathologist reports. If malignant, the complete operation is immediately performed. I have followed this practice for eleven years; have never known a mistake made in diagnosis; nor been made to suspect that harm had resulted from the liberation of cancer cells which infected adjacent healthy tissue. I think, however, that plugging the wound made into the growth is important, and this should not be disturbed until the entire breast, with the muscles, has been removed. Therefore, it would seem that the danger can be minimized, if not actually prevented, and the slight risk incurred is as nothing to the definite information gained. I can point to at least a half-dozen women, happily married and with practically perfect breasts, where everything might have, probably would, been different had not this precaution been taken in operations for benign growths before marriage. Further, I have been prevented from mistakes in at least two malignant tumors. Both were cancers in young women, aged 25 and 28 respectively, located in the upper and inner quadrant of the breast, where benign growths are usually found; and each was, moreover, freely movable, without puckering, dimpling, or change of color in the superlying skin. The somewhat rapid growth alone excited my suspicion, and caused me to proceed cautiously. One of them died eleven months after operation from metastasis in the lungs and multiple shotlike deposits in the skin over the chest. The other has been operated upon three times during the past five years, and at the present time is free from regional recurrence. I was skeptical as to the accuracy of the microscopical report, and did a less radical operation than usual, though removing the entire breast and the fascia covering the pectoral muscles. Less skin was sacrificed than should have been, presumably, as she returned to me in less than a year with regional recurrence near the inner end of the cicatrix. There was at the time marked enlargement of the supraclavicular glands. In November, 1900, I did a most extensive operation for the recurring growth, removing both muscles, and making the largest skin wound I have ever made. I show a photograph taken after it was sutured (Fig. 2). The one showing the wound before suturing was spoiled. As she suffered from shock and previously had ether pneumonia, I thought it best to defer the neck operation for a week. One supraclavicular gland, as large as a walnut, and other smaller ones, were then removed. She remained well for thirty months—able to do all of her own work, and did not think it necessary to consult me. In October, 1903, when I had supposed her dead, she again consulted me, and I removed a part of the sternum and two ribs. The pleura was healthy. A systematic course of x-ray treatment was begun, and the wound allowed to fill in by granulations. The photograph, taken only a few days before I left America, shows that she is free from regional recurrence. She thinks herself well, as she has gained flesh and is able to do hard work without fatigue. Doubtless another recurrence will follow. I have reported this case somewhat fully for two reasons: first, to show that a seemingly benign growth was in fact a most malignant one; secondly, that marked enlargement of the supraclavicular glands does not, as many think, indicate inoperability. It is now nearly four years since the neck operation, and there has been no recurrence in that direction.

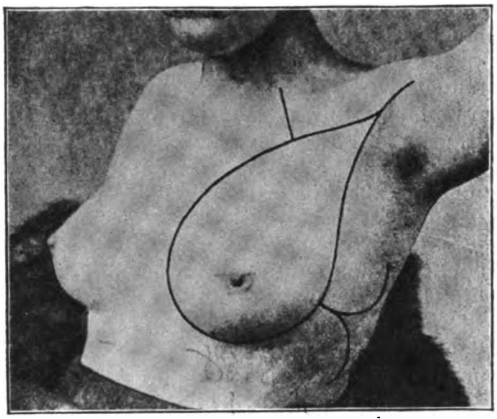

Fig. 1.—Warren's incisions in removal of breast for cancer. ("International Text-book of Surgery.")

The experience at the Johns Hopkins Hospital has been similar to my own, and the surgeons there do not hesitate to employ incision for diagnostic purposes where it is followed by immediate radical operation. In the 28 cases of malignant tumor in which it was employed 25 were cured[3]—a sufficient answer, I should think, to those who condemn the practice, yet continue to make mistakes in diagnosis.

When operating apart from a well-appointed hospital and its pathologist, the macroscopical appearance of the tumor, its color, consistency, resistance to the knife, and, above all, the presence or absence of a capsule, supplementing such examination, when necessary, by Stiles's nitric acid test, will practically always prevent a mistake in diagnosis. I think, with Mr. Sheild, that a diagnosis made in this way is practically reliable, though every growth removed in my practice is eventually submitted to the microscope. In doubtful cases—in women past 40—malignancy should be assumed, for the chances in its favor are as 13 to 1; in fact, it should be a rule to assume malignancy in all cases not demonstrably benign.

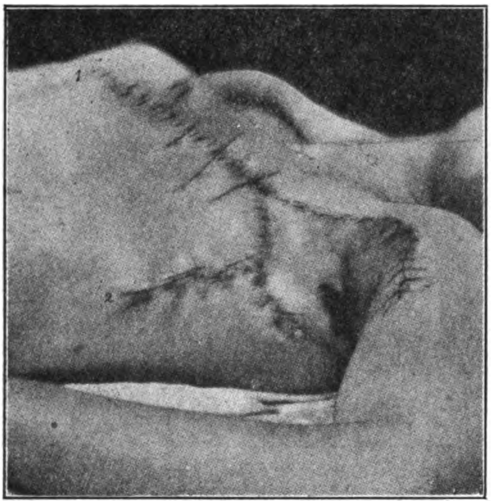

Fig. 2.—Showing a very large wound closed by Warren's method.

AGE.—Admitting that the age of the patient is perhaps still our surest guide in diagnosis, I am nevertheless convinced that carcinoma in its encroachments is breaking down barriers hitherto recognized. I have latterly seen more cases of cancer in all parts of the body in young subjects than formerly. I have operated upon five cases of cancer of the breast in the past six years aged 23, 25, 25, 27, and 28, respectively. All but one (aged 23) were typical scirrhus growths. The exception was an adenocarcinoma. S. W. Gross, with a much larger experience, saw but one case as young as 28. Henry's case, aged 21, was often quoted by Gross as the youngest on record. A. J. McCosh reports to me by letter a case operated on at 19, M. Richardson one aged 21, and Roswell Park and J. Collins Warren one each at 22. Many of the fifty members of the American Surgical Association written to report cases of 25 and under. I would here emphasize what I believe to be the fact—that when young subjects are the victims of cancer the prognosis, with or without operation, should be guarded, as its course is acute. This is what we should reasonably expect, as the lymphatic channels are both numerous and patent in young and succulent breasts. *Per contra,* in the aged many of the lymphatic vessels atrophy, which probably explains the frequent chronicity of cancer in them (Charles H. Mayo, Poirier, and Cunéo). Therefore, the prognosis should, for anatomical reasons, be what it is found to be clinically, namely: best in the old, worst in the young.

RACE.—It is just as certain that geographical and racial barriers are yielding before its encroachments. The North American Indians and negroes were practically immune to cancer until their changed environments made them susceptible. Both races still enjoy a relative immunity, the Indians particularly, to carcinoma in general, but the negro is quite as susceptible to malignant disease of the breast, and more obnoxious to cancer of the uterus than the whites.

TOPOGRAPHY.—As much as—possibly more than—age and race does the location of the growth influence the prognosis for better or worse. If situated in the sternal quadrants of the gland, which fortunately is not usually the case, but, according to my experience, more commonly so than is generally believed, the growths run a more rapidly destructive course than similar ones in the axillary quadrants. Every surgeon written to save one, and expressing himself upon this subject (15), stated it as his belief that cancer of the sternal quadrants gave a worse prognosis than similar growths in the axillary half of the gland. For anatomical reasons we should expect this, as it is impossible to attack the mediastinum as we do the axilla. Metastases are doubtless less apt to occur, but when they do are almost necessarily fatal. A better understanding of the lymphatic vessels of the inner half of the mamma, for which we are mainly indebted to Stiles, offers a ready explanation of a clinical fact which has not been properly emphasized.

PATHOLOGICAL VARIETY.—The variety of the growth and its duration more materially influence the prognosis than either its site, the age, or race of its host. The tendency to axillary and other lymphatic involvement is notably greater in encephaloid and scirrhus,—circumscribed and infiltrating,—than in adenocarcinoma.

The statistics of the Johns Hopkins Hospital, kindly furnished by Dr. Joseph C. Bloodgood, are convincing upon this point. I quote freely from his letter: "I cannot give you the percentage of axillary involvement. In only 2 cases not cured did the axillary glands show no metastasis. These two patients died of mediastinal metastasis. Of the cured cases adenocarcinoma cystic, about 4 out of 13 cases showed no metastasis to axillary glands. Of the adenocarcinoma comedo, 4 out of 8 cases, or 50 per cent., showed no involvement of the axilla. Of the medullary carcinoma, 3 out of 8 cases showed no metastasis to the axillary glands. Of the circumscribed scirrhus 2 out of 14 cases showed no metastasis to axillary glands. Of the small infiltrating scirrhus, 4 out of 24 showed no metastasis. Of the large infiltrating scirrhus all 10 cases showed metastasis."

ANATOMY OF BREAST.—We cannot, in operating for cancer, too often gratefully recall the painstaking work of Stiles, of Edinburgh, who demonstrated in 1892 that the mammary gland was far more extensive than had been previously supposed, and that parts of it were almost necessarily left behind in operations prior to that time, as the gland is diffused, not encapsuled, and frequently has outlying or detached portions. By so doing he contributed greatly to the modern or complete operation. The lymphatic vessels are also far more numerous and complicated than Sappey and former anatomists had taught, for instead of all such vessels converging to the nipple and thence passing by main channels beneath the skin to the axillary nodes, we now appreciate from the discoveries of Heidenhain, Küster, Stiles, Mascagni, Grossmann, Rotter, Oelsner, Poirier, and Cunéo, that there are other important if not as much frequented channels. There are at least six important and fairly constant routes; of these three are superficial and three deep. In addition there are inconstant or accessory channels.

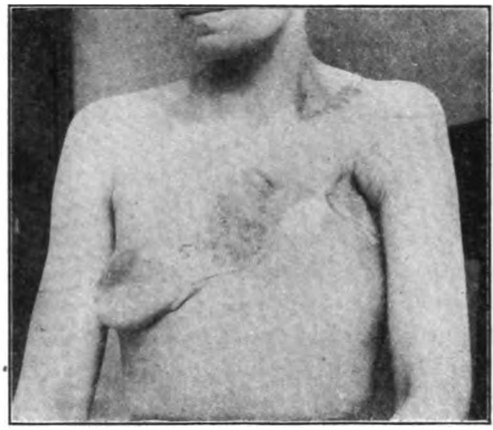

Fig. 3.—Photograph of patient three years after removal of a very large mass of glands in the neck. No recurrence.

SUPERFICIAL LYMPHATICS.

1. The principal set of Sappey, already described, which forms a plexus at the areola, thence passing by main channels to the axillary glands.

2. This set drains the skin over the sternal half of the gland, passing through the second and fourth intercostal spaces to discharge their contents into the nodes of the anterior mediastinum. Some of them interlace with those of the opposite breast occasionally, which explains the involvement of the axillary glands on the right side in tumors of the left breast, and *vice versa* (Reiffel, Oelsner, etc.).

3. A cutaneous set of vessels recently described by Poirier and Cunéo which drains the upper part of the breast and passes directly over the clavicle, emptying into the supraclavicular glands.

DEEP LYMPHATICS.

4. This set begins in the mucous membrane of the milk ducts and acini, drains the deeper portions of the axillary half of the gland, joins the superficial set in the axilla, and forms with it a network which surrounds the axillary vein, almost or quite up to the clavicle.

5. A second deep set drains the deeper portions of the sternal half of the gland, perforates the second and fourth intercostal spaces, following the course of the internal mammary artery, to empty, together with the superficial set, into the mediastinal glands. On the right side they intermingle with the lymphatics of the liver. Hence it is easy to explain the implication of the mediastinal glands, resulting in the prominence of the bone, or "sternal symptom" of Snow in cancers originating in the inner half of the gland.

6. A third set drains the middle of the base of the gland and retromammary tissues. Some are lost in the fascia covering the pectoralis major, while others perforate the intercostal muscle to follow the intercostal vessels to the spine, thereby affording a ready explanation of those cases ultimately complicated with spinal symptoms, even paraplegia; such cases are wrongly spoken of as general infection, as they are caused by local extension along the lymphatics.

In addition to these usual avenues of infection, in early or average cases of breast cancer, there are additional or accessory channels in cases where the breast is immobile and adherent to the pectoral muscles beneath. Grossmann injected three times in thirty subjects a lymph-bearing vessel from the mammary gland, which perforated the great pectoral, running between it and the pectoralis minor, to empty finally into the subclavian or topmost axillary glands. Along the course of this vessel are several small retropectoral glands, which are enlarged in 50 per cent. of all cases of cancer (Rotter).

LYMPHATIC GLANDS OF THE AXILLA.—There are usually from 12 to 36 axillary glands, which are of the greatest importance from a surgical standpoint, as they receive the afferent lymph vessels from the arm, skin of the chest, mammary gland, and subjacent muscles. They are arbitrarily subdivided into groups: (1) Humoral chain which follows and surrounds the axillary vein. (2) Thoracic chain, which lies upon the inner wall of the axilla, being hidden, partly or entirely, by the insertion of the pectoralis major muscle. (3) The scapular group, which follows the subscapular artery, and is found on the posterior axillary wall. (4) Central group between the preceding chains. (5) Subclavian chain, perhaps the most important of all, consisting of three to twelve glands, situated above the tendon of the lesser pectoral in the space of Mohrenheim, and receiving the afferent vessels from all of the axillary glands below. These glands are intimately associated with the axillary vein, lying to its inner aspect at the point where it receives the cephalic vein. When these glands are enlarged or adherent to the vessels, injury is easily done to the axillary or cephalic vein, unless removal is done under the eye by careful dissection.

TREATMENT.

One should ever be mindful of the fact that internal metastases occur early, oftentimes before we suspect them, and, therefore, not a day should be lost unnecessarily in waiting for an operation. The writer has had, as doubtless others present have, several sad experiences where the operation seemed both timely and thorough, no regional recurrence took place, yet the autopsy demonstrated internal metastasis. To recognize early metastases is clearly impossible, and the only safe course to follow is immediate operation by the complete method as soon as a tumor of suspicious nature appears in the breast.

Believing that women are prone to overlook and then conceal mammary tumors, and, further, that general practitioners, who will be first consulted, are not usually as prompt in referring such cases as their gravity requires, axillary involvement will almost inevitably have taken place when the surgeon is first consulted. Upon this point I wish to speak positively, as I have never operated for scirrhous cancer where there was not both microscopical and macroscopical involvement of the axillary glands. Practically all of the fifty American surgeons expressing themselves upon this point agree that the axillary glands are invariably found infected at operation. The few who do not place the percentage high—75 and upward.

The somewhat rare adenocarcinomata are much less liable to cause early glandular involvement. Therefore, in planning an incision, one should think as much of the axilla as the breast, both for practical purposes being looked upon as certainly infected.

The next thought should be of tissues probably infected; and under this heading will fall the intervening lymph channels between breast and axilla, the fascia covering the pectoralis major in most instances, and the sternal portion of the muscle itself (or glands within its substance) in a very much greater number of cases than hitherto suspected (Grossmann, Rotter).

It is certainly desirable to remove all infected tissue *en masse,* thereby avoiding the possible liberation of cancer cells, if it can be done without increasing the mortality, lengthening the convalescence, or materially impairing the patient's subsequent usefulness. The operative mortality is so low that it may practically be disregarded, being very much less than minor operations on the breast were ten years ago.

In more than 2100 operations performed by American surgeons since 1893, and reported to me by letter, there was slightly less than 1 per cent. mortality (2133 operations, 21 deaths). The convalescence is not much, if at all, lengthened by the major operation. The average stay in the hospital of my own cases has been ten days, almost invariably less than a fortnight. The last case was sitting up in twenty-four hours, and left the hospital for her home in an adjoining State on the sixth day. I had never previously allowed one to leave prior to the eighth day, but there were good reasons for doing so in this case, and she was perfectly able to make the journey, not having had a symptom after operation. The average time in

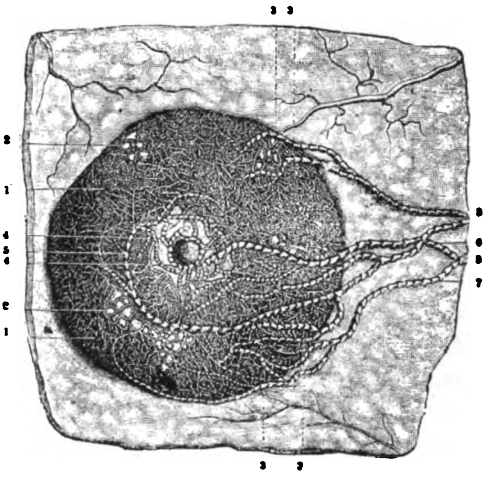

Fig. 4.—Lymphatic vessels of the anterior surface of the breast; the subareolar plexus and the trunks which run from it (Sappey). 1, 1. Lymphatic network of the anterior surface of the mammary gland. 2, 2. Lobules of the gland, the peripheral network of which has not been injected in order that the circumlobular network which encircles it may be seen. 3, 3, 3, 3. Trunks which arise from the upper and lower parts of the gland. 4, 4. Subareolar lymphatic plexus. 5. Lymphatic vessel which arises from the inner part of this plexus. 6. Vessel arising from the outer part of the same plexus. 7. Vessel coming from the lower part of the gland; after a long course it unites with the preceding to form one of two trunks in which all the others end. 8, 8. The two principal lymphatic trunks which extend transversely from the mamma to the axillary glands. ("The Lymphatics," C. H. Leaf.)

the hospital reported by forty surgeons is sixteen days.

The usefulness of the arm is not affected by the removal the muscles. Beyond a temporary impairment, lasting a few weeks, the arm is as useful as ever. Patients can dress their back hair, and do everything practically that they could do before operation. The week I left Philadelphia five of my cured cases, responding to letters, were in my office, and all but one assured me that there was absolutely no difference in the strength and usefulness of their arms. W. J. Taylor reports that one of his patients with "both breasts removed, as well as both pectoral muscles on each side, has made her living for a number of years cutting out clothing." That a temporary impairment occurs in most cases and a permanent one in a few is undeniable. When it does occur, however, it is, in my opinion, always due to loss of skin—not the muscles—and is just as likely to result in cases where they (muscles) are intact. In one of my cured cases—the exception noted above—the arm was nearly as good as ever. It was seemingly as strong, but could not be extended above the head so well as the other, evidently due to a bridge of skin in the cicatrix at the anterior axillary fold where the arm joins the chest. Simple division would have relieved it, and I so told her, but she answered that she "had done everything with it for four years that she wanted to, was perfectly satisfied, and did not wish anything done." It was one of my first cases where a new technique was employed, and the incisions were, perhaps, not so well planned as in subsequent ones. Occasionally, only once in my experience, one operates upon a case that is literally hidebound, and where there is difficulty in closing a very large wound by plastic flaps. The closure was perfect in the exception pointed out, but the tension was great, and a number of sutures were cut the following day, when the drainage tube was removed. There was gaping toward the center to an extent equal in size to a crown piece or more. This was allowed to heal by granulation, as the patient objected to having it closed by skin grafting. There is undeniably somewhat of a prejudice against grafting both among persons in and out of the profession, with the former because they do not understand it, the latter because it is time-consuming, and must be rightly done lest failure result. My own results have generally, not always, been entirely satisfactory, and I am resorting to it in an increasing number of cases in general surgery, as it certainly gives a more elastic and supple cicatrix than that following a granulating surface. I have had little occasion to use it after excision of the breast, but when doing so have had no cause to regret it. The great advantage in its favor is that when one grafts one thinks little about the amount of skin being removed, and is therefore likely to cut widely of the disease, which is the prime consideration. Frequently an otherwise perfect operation is marred, and an abiding result made next to impossible by the paucity of skin removed. It should be constantly remembered that recurrences are very generally in the skin. The answers received from fifty surgeons show that skin grafting after breast incision is not generally practiced; only a few do it, and of these quite as many graft secondarily as primarily.

A strong argument—to me the best—for removing the muscles is that the axilla is uncovered at once, its contents clearly exposed, and only inexcusable blundering would result in injury to the vessels. However skillful and patient one may be, there is either danger of injury to the vein, or of leaving infected tissue behind, which would render the operation futile if the axilla is attacked with the muscles *in situ*. I formerly thought that I did a thorough axillary dissection before practicing removal of the muscles as a routine procedure, but now realize that the space of Mohrenheim must have been imperfectly cleared in many, if not most, cases of high axillary involvement. I recently operated on a young seamstress, and her physician was very anxious that the muscles be saved if possible, fearing that their loss might handicap her subsequently. There was fortunately only moderate involvement of the lower axillary glands, and for the moral effect the muscles were spared, contenting myself with the removal of the anterior fascia and superficial fibers of the great pectoral. It required at least thirty minutes longer than it would have done to do a more complete operation, though I hoped for as good an ultimate result, as the case was a favorable one, inasmuch as there was but limited axillary infection.

Volkmann[4] was probably the first to remove the pectoral muscles—major in 38 cases, minor much less frequently, and his results in this series, though more advanced cases, with cancerous infiltration of one or both muscles, was much better so far as regional and local recurrences are concerned, than after his milder and altogether more favorable cases where the muscles were not removed because apparently healthy.

To Halsted is due the credit of advising the removal of the muscles in every case regardless of infection. I quote from his paper of 1894: "The pectoralis major muscle, entire or all except its clavicular portion, should be excised in every case of cancer of the breast, because the operator is enabled to remove in one piece all of the suspected tissues. The suspected tissues should be removed in one piece (1) lest the wound become infected by the division of tissues invaded by the disease, or of lymphatic vessels containing cancer cells, and (2) because shreds or pieces of cancerous tissue might readily be overlooked in a piecemeal extirpation."

Recent investigations by Grossmann and Rotter, already referred to, indicate clearly the wisdom of removing the muscles always, as the major muscle is involved in nearly 50 per cent. of all cases, and it is simply impossible to remove infected tissue—lymphatic vessels and glands between them—without doing so. I have latterly—and I prefer it—removed the muscles from insertion to origin, reversing Halsted's technique. I see by referring to Willy Meyer's article in 1894, and to a personal communication just received from him, that he always has followed this plan. A letter recently received from Professor J. C. Warren informs me that he, too, begins at the insertion of the muscles and works toward, instead of from, the sternum. I am of opinion that this is better for several reasons: (1) the axilla is uncovered at once; (2) hæmorrhage is more easily controlled; (3) the axilla is cleared from above downward, and not from below upward; (4) the large, heavy mass containing the breast is not in the way while the tedious axillary dissection is going on; (5) one can more readily and more certainly remove all

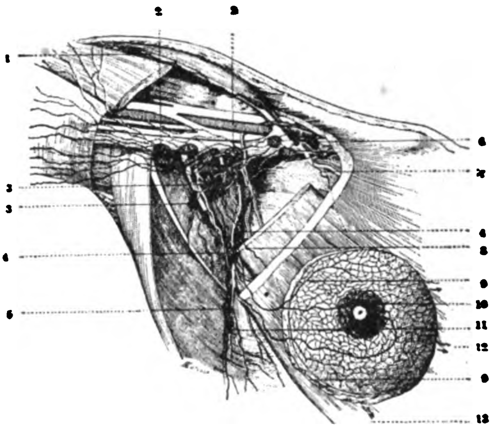

Fig. 5.—Lymphatics of the breast and axillary glands (semidiagrammatic). 1. Delto-pectoral gland. 2, 2. Glands of the humeral chain. 3, 3. Glands of the central group and the scapular chain. 4, 4. Glands of the thoracic chain (supero-internal group). 5. Gland of the thoracic chain (infero-external group). 6. Subclavian glands. 7. Mammary lymphatic ending in the subclavian glands (inconstant). 8, 9. Mammary collecting trunks, ending in glands of the thoracic chain. 10. Subareolar plexus. 11. Cutaneous collecting trunk of the lateral walls of the thorax. 12, 13. Mammary collecting trunks about to end in the internal mammary glands. ("The Lymphatics," C. H. Leaf.)

infected tissue in one piece. In following Halsted's technique I have several times had the large and pendulous breast pull upon and break the narrow and more friable apex being loosened from the axilla; (6) it makes unnecessary—and this is of the greatest importance—handling of the breast by surgeon and assistants which may result in expressing cancer cells upon healthy tissues. The skin incision I also plan differently from Halsted, and is that of Warren modified. I begin what may be called the stem of a pear-shaped incision lower on the arm than he does, and when making the body of the pear slant my knife in such a way as to markedly undermine the skin, which insures that no part of the breast will be left behind, and facilitates approximation of the edges of the wound as well.

In case the tumor is a peripheral one, I follow the plan of Mr. Watson Cheyne, and do not allow the incision to come nearer than 2 inches to what seems to be its outer limit. When necessary to resort to plastic work so as to close the wound without tension—the rule with me as so much skin is sacrificed—a perpendicular incision is made from the middle of the lower side of the breast to the extent of 2 inches to 3 inches; it is then curved both right and left so as to resemble the letter Y inverted and the arms exaggerated.

I have in one case, the largest wound seen, duplicated it above as well, and by so doing was able to close the wound, secure primary union, and had the patient leave the hospital on the thirteenth day. She could have gone sooner but for an ether bronchitis.

Drainage.—It is my belief that drainage should always be made after an axillary dissection, for unless it be done much time must be given to arresting every particle of hæmorrhage, otherwise a large clot will form in the dead space left behind and invite suppuration. Of twenty-five surgeons expressing themselves upon this point, all but three (Bloodgood, Halsted, and Richardson) invariably drain.

It is of interest to note that injuries to the axillary vein in recent years, with aseptic precautions, has not been a serious accident whether inflicted accidentally or intentionally. Of 24 deliberate resections of one or more inches of the vein on account of adhesions to infected glands, reported by thirteen surgeons, no death occurred, and what is more gratifying and surprising œdema (slight) resulted in 4 cases only.

A few accidental injuries (number not specified) were treated by ligature or lateral suture, and all recovered.

I have never wounded the axillary vein, but have resected it three times, removing, in one instance, at least 4 inches, on account of evident infection of its walls, as it passed directly through a large mass of cancerous glands. There was no œdema in any case.

During my service as hospital interne, and subsequently until about 1895, I saw the vein wounded three or four times, and all were fatal from sepsis.

Supraclavicular Glands.—In 1892 Halsted first practiced removal of the supraclavicular glands, and advised that it be done as a routine procedure in his paper of 1894.[5] It has never been generally practiced by American surgeons, and few, if any, outside of Johns Hopkins Hospital have removed the glands of the neck unless palpably enlarged or there was macroscopical involvement of the topmost axillary glands. I know of none who have, and all of the twenty-five surgeons replying to this question state that they have not entered the neck unless there were special reasons for doing so. Two—J. Chalmers Da Costa and W. J. Mayo—believe that it should be done more often on account of recent anatomical discoveries. Halsted[6] and his associates at the Johns Hopkins are removing the glands of the neck in a decreasing number of cases, and it is equally true, I think, that other American surgeons are operating upon the neck in an increasing number; so that Halsted's original position, while possibly extreme and overstepping the mark, has been productive of good and brought the rest of us up to it. I do not question the wisdom of doing so if there is noticeable enlargement of the supraclavicular glands or if the subclavian chain of the axillary ones are at all enlarged.

Recent anatomical discoveries, as heretofore indicated, entirely support Halsted in his contention that the neck should be often explored. To give his exact position I quote from a recent letter from him: "Of 76 cases cured three or more years, the supraclavicular glands were involved (and of course removed) in 7 (9 per cent.). The involvement of the supraclavicular glands is, of course, much greater than 9 per cent. where all cases in which the complete operation has been performed are included. The proof, then, is definite and ample that the supraclavicular operation is indicated in many, perhaps most, cases of carcinoma of the breast."

I am now, I think, prepared to accept the above as my own opinion; and, in view of recent anatomical discoveries, would be disposed in every case of cancer situated superiorly and near the margin of the breast, to explore the subclavian triangle of the neck, as the lymphatic vessels draining the skin and superficial portions of the gland, in this situation, pass upward and over the clavicle to empty directly into the supraclavicular glands.

I cannot claim to have cured a patient with neck involvement, but have one alive more than three years after operation without regional recurrence in the neck, who has had recurrences in the breast incision. If not cured, it has at least taught me that very decided enlargement of cervical glands low down—they all together made a mass as large as a small lemon—does not necessarily mean inoperability. If glands in the higher triangles are involved, the case is clearly inoperable.

THREE-YEAR LIMIT.—Volkmann's law has been so generally accepted that it is well to quote his words once more: "I unhesitatingly make this statement for all cancers, that when a whole year has passed, and the most careful examination can detect neither a local recurrence nor swollen glands, nor any symptom of internal disease, one may begin to hope that a permanent cure may be effected; but after two years usually, and after three years almost without exception, one may feel sure of the result." Billroth was more optimistic, and felt that a cure could be counted upon if there were no local or general evidences of recurrence at the end of a year.

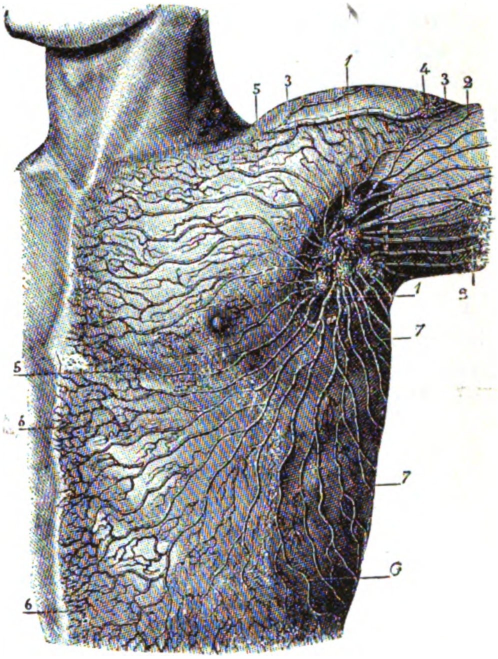

Fig. 6.—Lymphatic vessels of the antero-lateral portions of the thorax (Sappey). 1, 1. Axillary glands. 2, 2. Superficial lymphatic trunks of the upper limb. 3, 3. Large trunks which also come from the integuments of the upper limb, but which, instead of ending in the glands of the axilla, run in the space between the deltoid and pectoralis major, and terminate in a subclavicular gland. 4. A gland which is sometimes seen in the course of this trunk. 5, 5. Lymphatic vessels of the anterior superior part of the thorax. 6, 6, 7, 7. Lymphatic vessels which start from the integuments of the thorax. ("The Lymphatics," C. H. Leaf.)

Out of 23 surgeons answering the question, "Do you consider the usual three-year limit of Volkmann ample; if not, how long would you extend the time?" only 7 answer "Yes," and nearly all of them qualify their answers by stating that exceptions to the rule have been observed. Warren, of Boston, though still using the three-year limit, has had nine cases in which the average period of recurrence was five years and five months. Fifteen out of 23 answer "No." A majority would extend the time to five years, a few to ten, and one indefinitely (Richardson).

It would seem that the time should be extended to five years at least, and even then, I fear, it will occasionally be with chastened hopes that we face the pitiless logic of events.

ULTIMATE RESULT.

I very much regret that it was not possible for me to get definite statistics from a larger number of surgeons communicated with. Many had gone on their vacations, others were about leaving, and the majority of those answering other questions found it impossible in the time allowed to give definite statistics bearing upon the result in their cases. Many gave impressions which were, of course, excluded.

Of 6 surgeons (Abbe, Crile, Halsted, Powers, Warren, and Rodman) reporting 629 operations—favorable and unfavorable cases—there were 44.16 per cent. of cures or patients who had passed the three-year limit without evidence of either local or general recurrence. Several of the cured cases were recurring ones (Warren, Halsted, Ochsner, Powers, Taylor, Park, Abbe, Willard, Da Costa, and Richardson), and one patient, a case of my own, operated upon for a second recurrence of a scirrhous carcinoma, is perfectly well more than six years after the third operation. The first and second operations were done by other surgeons. In a small series of private cases treated since my removal to Philadelphia in 1898, every one having been definitely traced, 54.54 per cent. are living and well, 36.36 per cent. dead, and 9.09 per cent. are living with recurrences.

I had but eleven private cases of breast cancer during 1898, 1899, and 1900. One is perfectly well more than six years after operation; 2 more than five years (operated October, 1898, and January, 1899, respectively); 1 over four years (May, 1900); 1 three and a half years (December, 1900); 1 three years and five months; 1 is living with recurrence. I cannot give the result in all of my hospital cases; therefore they are excluded. However painstaking one may be, it is simply impossible to trace definitely all hospital cases with a chronic disease like cancer. They move from place to place, will not answer letters, and when recurrences overtake them are liable to go into the nearest hospital. The number of cases I am able to report is small—too few for conclusions to be drawn from—but represent, as I have said, all private cases operated upon during the time. Unfortunately the records of cases operated upon during my residence in Louisville are not available. I may say, however, that I know of but one case of all my earlier operations which remains well.

CONCLUSIONS.

1. Cancer is not only increasing in frequency, but in doing so is breaking down barriers hitherto recognized. It occurs more frequently than formerly in young subjects, and has become common in races at one time immune.

2. When affecting young subjects the prognosis is distinctly less favorable, as the lymphatics are both numerous and patent, whereas in the aged many lymph vessels atrophy.

3. An early diagnosis should be made, and no time lost in waiting for an operation, as metastases to the axillary glands and internal organs occur early, often before they are suspected. In 9 per cent. of all cases it is impossible to make a clinical diagnosis.

4. When in doubt as to malignancy a complete operation should be arranged for; but before removing the breast an exploratory incision should be made into the growth, and a piece from near its center submitted to a competent pathologist, who, as a rule, will give an accurate report in ten minutes. If malignant, a complete operation should be done immediately. In women past 40 the chances in favor of malignancy are as 13 to 1, and should, therefore, be assumed.

5. Carcinomata of the sternal hemisphere are less common than similar growths in the axillary half of the gland, but are probably more frequent than they are thought to be. The prognosis is worse in them than in cancers of the axillary hemisphere.

6. Recurrences being usually in the skin, its removal cannot be too free. Skin grafting, or closure of the wound by plastic flaps—the preferable method—will frequently, if not usually, be necessary.

7. The pectoral muscles, major and minor, should always be removed, regardless of infection, so that all diseased tissues can be removed in one piece, and the axillary dissection both more thoroughly and safely made. Their loss neither increases the mortality, lengthens the convalescence, nor seriously impairs the subsequent usefulness of the arm.

8. The supraclavicular glands should be removed if palpably enlarged, or if the topmost axillary glands show macroscopical involvement; otherwise, their removal is unnecessary.

9. Wounds of the axillary vessels have been infrequent since the muscles have been removed as a routine practice. When occurring in an aseptic operation they have always been recovered from. Of 24 deliberate resections of the axillary vein none were fatal. Moreover, the œdema following was inconstant and transitory, and never a troublesome symptom.

10. Drainage should always be made.

11. The three-year limit of Volkmann is insufficient, and should be extended to at least five years. Recurrences may occur after ten or more years.

12. The operative mortality in 2133 operations performed since 1893 by twenty-one American surgeons reporting to me was less than 1 per cent. This seems almost incredible when contrasted with the 15 to 25 per cent. mortality for incomplete operations on the breast in pre-antiseptic days.

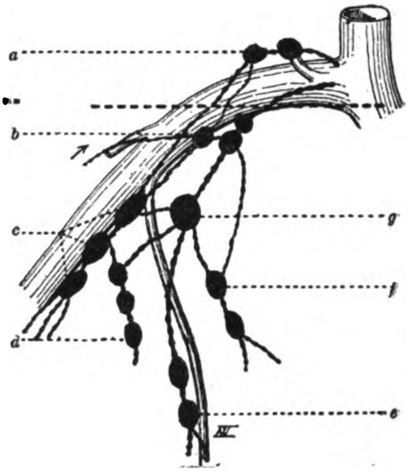

Fig. 7.—Scheme of the axillary glands. 2. Supraclavicular glands. b. Subclavian glands. c. Humeral chain. d. Scapular chain. e. Infero-external portion of the thoracic chain. f. Supero-internal portion of the thoracic chain. g. Central group. The dark dotted line indicates the situation of the clavicle. ("The Lymphatics," C. H. Leaf.)

13. Radical operations, if early, should give more than 50 per cent. of cures.

References.

[1] Bloodgood, Detroit Medical Journal, February, 1904. [2] British Medical Journal, May 17, 1902. [3] Bloodgood, *loc. cit.* [4] Halsted, Annals of Surgery, 1894. [5] *Ibid.* [6] Private communication, J. C. Bloodgood.

Hemmeter Given Desk.—At the close of his lecture on physiology at the University of Maryland, October 31st, Prof. John C. Hemmeter was presented by the class of 1906 with a handsome polished oak lecture desk of massive design.

ÆSCULIN.

By William F. Waugh, M.D.,

Chicago.

The horse chestnut has long enjoyed popular favor as a remedy for constipation. True, since the bulky infusion of Thompson has fallen into desuetude, the rustic simply carries a "buckeye" in his pocket, and the effect is suggestive, or the fruit serves as a reminder of the obligation of regularly evacuating the rectum at an appointed hour. But there is nearly, if not always, some basis of truth underlying popular beliefs and customs, and we find something to repay us in their investigation.

None of the modern works on therapeutics or materia medica mentions this plant, and even Ellingwood omits it, though he mentions the buckeye, *Æsculus glabra*. This, he says, contains a poisonous principle acting like nux vomica. He says that it acts on the cerebrospinal system, in toxic doses causing vertigo, vomiting, wryneck, opisthotonos, tympanites, stupor, coma, and death. In therapeutic doses it is a narcotic, but actively stimulates the nervous system. It has a special influence on the capillary circulation of the rectum, the pelvic and portal circulations, overcoming constipation and congestion associated with hæmorrhoids, aiding the absorption of coagulated blood in hæmorrhoidal tumors, when operation is not desired. It lessens the caliber of the capillary vessels, and removes obstructions to the pelvic circulation, being applicable whenever congestion results in hæmorrhoids or in enlargement of the uterus. In paralyses it resembles strychnine; as a narcotic it is similar in effects to opium, but less powerful. So far Ellingwood takes us. The contradictory actions attributed to this nut may perhaps be explained by its want of uniformity in chemical composition. The same agent can scarcely resemble in effects strychnine and morphine, but, as opium contains a group of agents similar to the former, the buckeye may contain a similar incongruous and antagonistic group. Hence we may obtain the strychnine effect from one preparation and the narcotic action from another. Until the chemistry of the buckeye has been elucidated it seems an unsafe remedy.

For information on the *Æsculus hippocastanum* we turn to Felter and Lloyd's edition of King's "Dispensatory." These authors attribute to *Æsculus hippocastanum* a control over the portal circulation, the bark being tonic, astringent, febrifuge, narcotic, and antiseptic. They tell us that it is now used mainly for abdominal neuralgia dependent on plethora. It is a remedy for engorgement and congestion; capillary stasis; vascular fullness with throbbing, soreness, and general malaise; an uneasy, full, aching pain in the liver; rectal irritation; and hæmorrhoids with marked congestion and a sense of constriction as if closing spasmodically on a foreign body, with itching, heat, pain, aching or simple uneasiness. The pile tumor is large, purple, does not bleed as a rule, but there is a sense of fullness or spasm, and perhaps a free diarrhœa. Æsculus also cures disorders dependent on the above, rectal neuralgia, and proctitis; and reflexes from them, such as dyspnœa, asthmatic attacks, dizziness, headaches, backache, and disturbances of the stomach amounting to dyspepsia. These subside as the remedy subdues the rectal congestion.

The dose of specific horse chestnut is given as from $^1/_4$ to 5 minims every one to three hours.

The horse chestnut contains two glucosides, æsculin and fraxin; besides tannic acid and a number of other principles of unknown properties. Saponin is also present in the seeds, preventing their use as food.

Two pathological conditions are here described as influenced by this drug: the common passive relaxation of the hæmorrhoidal tissues and the acute irritated state with spasm of the sphincter ani. In which of these is the horse chestnut useful? Is it relaxant or contractile? If relaxant, does it relieve acute irritations by relaxing the spastic fibers of the sphincter or by opening up the hepatic vascular outlets and allowing a freer emptying of the hæmorrhoidal vessels? If it is a contractile agent, can it lessen the lumen of the hæmorrhoidal capillaries and yet not contract that of the hepatic vessels? That such a specialization of the action of a remedy is of value goes without saying; the question is as to the fact. For that matter, the first thing to ask, in dealing with these agents that have not been received into the company of regular medical therapy, must be as to the reality of their action as asserted. And let not our eclectic brethren take umbrage at this statement—the annals of regular medicine contain so many examples of suggestive effects mistaken for dynamic, of *post hoc* for *propter hoc*, of bad logic and worse reasoning, that there can be no slur on those outside the pale.

If the plant possesses the virtues with which it is credited by the eclectics, in which of its active principles do they reside? For it is obviously improper to base our therapeutics on any agent that is said to act like either strychnine or morphine—the chance is too perilous, with such a range of possibilities. We will begin, therefore, with the glucoside æsculin, obtained from Merck to insure its chemical purity.

Two cases present themselves for treatment; neither typical, but affording some opportunity of testing the range of action of this glucoside. A man, 54, sedentary, long subject to piles, sluggish, at rare intervals showing a few drops of blood, but attended with intolerable itching beginning just at retiring. The piles are internal, soft, dusky, easily collapsible on pressure. He takes coffee once a day in moderation; his vowels are unusually regular. The other case is a lady, 33, delicate, subject to pelvic suppuration, the abscess cavity communicating with the rectum, her kidneys excreting less than the normal quantity of solids, the uterus enlarged and retroverted, and fastened by adhesions.

To each of these patients æsculin was administered, $^1/_{67}$ grain ten times a day. No alteration was made in the habits or diet; in fact, the man to avoid any possibility of error in this respect took a little more coffee and meat than usual.

The first night after beginning the drug was passed without pruritus; a little was noted the next morning on rising.

Second night, a little pruritus.

The following nights there was scarcely a trace of pruritus. The remedy was discontinued for a few evenings and the malady returned. Æsculin was resumed and the pruritus subsided. This alternation was continued for several weeks, by which the itching seemed to be gone. A month later it returned, when the patient had a return of acidity, but both subsided again under the influence of a restricted diet, hydrochloric acid after meals, and æsculin in doses of 10 tablets a day.

The second case was apparently relieved by a week of æsculin treatment, but the remedy was not taken with sufficient regularity or long enough to render the observation of value.

The conclusion reached was that æsculin probably possesses some power in relieving congestions of the rectum and pelvic tissues, but how much is uncertain. Much more extensive observations will be necessary to establish the place of this drug; and it is for this reason the writer presents this fragmentary note, as, having retired from active general practice, he has to ask others to make the trials. But he believes that æsculin will prove of sufficient value to justify the trial.

Matrimonial.—Dr. George Trotter Tyler and Miss Therese Pauline, daughter of Mrs. John Coles, were united in wedlock on October 27th. The newly wedded pair have our heartiest wishes for their happiness.

THE USE OF ADRENALIN CHLORIDE SOLUTION IN A CASE OF COLLAPSE FOLLOWING ADMINISTRATION OF CHLOROFORM.

By James L. Thompson, M.B. (Edin.),

CASTLEMAINE, VICTORIA, AUSTRALIA.

I was asked to administer chloroform to a woman, a multipara, aged about 30 years, who had been attended at her confinement by a midwife. Some placental tissue had been left behind, and this became septic. No medical advice was sought until the woman was manifestly in a serious condition. After chloroform was administered the septic placental remains were curetted away.

After the operation, and some ten minutes subsequent to the inhalation of the last amount of chloroform, the patient collapsed, and her condition was so alarming that it seemed that death would ensue. As soon as the change was noticed, 15 minims of a 1 in 1000 solution of adrenalin chloride was injected, hypodermically. Within one minute the pulse began to improve; for some little while there was gradual recovery from the collapsed condition; in the meantime hot bottles were applied and preparations made for hypodermic administration of normal saline solution. Before they could be gotten ready a second collapse was noticed, and again 15 minims of adrenalin was injected, again followed by speedy improvement, which fortunately continued.

Recovery eventually took place, and for this fortunate result the credit must be given to adrenalin, because, I am convinced, had there not been at hand an effective and rapidly acting cardiac stimulant, the ordinary measures available for the emergency treatment of profound collapse would not have been sufficiently rapid in their action.

I have used adrenalin and cocaine in minor operations with great satisfaction, and, in one case of serious epistaxis in which I was prepared to plug, the necessity for this procedure was obviated by the use of adrenalin.

Abstracts.

Neuritis and Optic Atrophy in Erysipelas.

F. Terrien has, during the past year, observed with Dr. Lesné an optic neuritis in the course of a benign facial erysipelas. Such a case is sufficiently rare to deserve attention. On April 3d, the date when the patient was examined from the ocular point of view, the eyelids were greatly swollen, especially the upper, and two large ulcers occupied the entire breadth of the latter. When the lids were raised, which could only be done with difficulty, by reason of the œdematous infiltration of the tissue and the pain produced by the examination a notable bulging of the eyeballs was perceived, particularly upon the right side. The right eye was absolutely immovable and unable to perform any movement. There was marked conjunctival chemosis especially in the inferior *cul-de-sac* and upon the ocular conjunctiva. The cornea was transparent. The pupil was moderately dilated, but did not react in the slightest to light. There was a very slight conjunctival secretion. The aspect of the left eye was essentially identical, but the movements of the globe had not entirely disappeared. Digital pressure upon the lids could scarcely push the eye backward and produced no pain. There was no vision upon either side. The patient could not even perceive light.

Upon ophthalmoscopic examination the transparency of the media was verified. Both sides revealed the picture of optic neuritis: slightly dilated veins, slightly contracted arteries, the borders of the papilla a little obscured, and the papilla itself œdematous. This examination, made in a strong light, awoke no luminous sensation in the patient. An incision was made along the lower edge of the right orbit.

The skin was divided to the bone for 2 centimeters ($^3/_4$ inch) in length and the cannelated sound was introduced deeply along the floor of the orbit. Then only there issued a few drops of very thick pus, which seemed to come from the bottom of the orbit. The wound was drained and a moist dressing applied. The pus contained numerous streptococci. The swelling of the lids gradually subsided, suppuration ceased, and the work of repair began. The recovery followed its normal course, the mobility of the eyeballs returned little by little, the bulging disappeared, and by April 25th cicatrization was almost completed. There only remained a stiffness of the lids due to deep adhesions and fibro-cutaneous bands.

One month after the beginning of the disease the cure of the lids might be considered as complete. Sight remained absent, however, and the ophthalmoscope showed double optic atrophy. Both papillæ were pale, the edges were irregular, and the caliber of the vessels was diminished. The condition remained unchanged notwithstanding injections of strychnine and pilocarpine from the beginning.—La Tribune Médicale.

Diagnosis of Syphilis by the Otologist.

At the Seventh Congress of Otology J. Rozier, of Pau, reported the cases of two patients who consulted him on account of sudden deafness. His diagnosis was labyrinthine deafness of syphilitic origin, subsequently confirmed by the appearance of secondary manifestations. The author called attention to the rare occurrence of deafness in the secondary stage. He insisted on the necessity of an early diagnosis, which is facilitated by the fact that the deafness which precedes or follows secondary symptoms depends exclusively upon the internal ear and particularly manifests itself by the almost complete loss of hearing by diapason or of the watch by osseous conduction. This permits the specialist to institute from the first syphilitic treatment and ameliorate, if not cure completely, a deafness which, left to itself, would become incurable.—La Tribune Médicale.

Pharyngo-laryngeal Hemiplegia Associated with Other Nervous Troubles.

Prof. Camillo Poli, of Genoa, writes that in 1891 Dr. Avellis drew particular attention to some cases which he had observed in which a one-sided paralysis of the velum palati was associated with a paralysis of the larynx. Similar cases reported since that date are rather rare and the pathological anatomy of this association is far from being understood. It raises the whole question of the innervation of the velum palati and the larynx.

Clinical observers (Erb, Eichhorst, and others) attribute the innervation of the velum principally to the facial, and the anatomists (Testut, Poirier) are of the same opinion. Yet some recent experiments upon animals (Beewor and Honley) exclude the facial from any participation in the innervation of the velum and attribute it in great part to the spinal accessory. Corroboratory testimony to this last view is furnished by Avellis's cases, in which there was no deformity of feature, and we cannot understand a lesion which involves only those branches of the facial distributed to the palate. On the contrary, the cases in which paralysis of the velum is accompanied by paralysis of the trapezius and sterno-mastoid plead in favor of the vago-spinal innervation of the velum.

The syndrome of Avellis revives also the subject of the innervation of the larynx. Later writers ascribe the motor innervation of the larynx exclusively to the pneumogastric. The cases of Avellis, however, tend to the belief that the total exclusion of the accessory nerve of Willis from innervation of the larynx is unwarranted, particularly when to a pharyngo-laryngeal hemiplegia is added a paralysis of the external branch of the spinal. In support of this view the author cites two cases which recently fell under his observation.

The first patient was a man, 44 years of age, syphilitic from his fifteenth year, who was attacked in November, 1903, by a severe form of grippe, which was followed by pain in the right shoulder; then the voice became affected (weak and with a nasal tone) and there was trouble in deglutition; fluids regurgitated through the nose. These symptoms developed within four days. The motility of the right half of the palate and of the vocal cord of the same side was abolished and the right shoulder was flattened, and the scapula was looser from the trunk than upon the left side. The trapezius and sterno-mastoid were perceptibly atrophied and presented the reaction of degeneration. Notwithstanding specific treatment the patient rapidly grew worse; mental symptoms developed, the man lost strength, walked with uncertainty and a tendency to fall forward, and had disorder of vision. Some days later he fell into coma and died. Nothing of importance was found at the autopsy except a small nodule in the first right parietal convolution; it had the appearance upon section of a cicatrized gumma. In this case the author considered that the affection had begun in the external branch of the spinal accessory distributed to the trapezius and sterno-mastoid, then gained the internal branch and gave rise to the laryngeal troubles, finally involving the pneumogastric and medulla. The facial nerve was not implicated.

The symptomatology of the second case was more complex. It was that of a woman, 31 years of age, who was affected in December, 1902, with trouble of the right hand, which lost its usefulness and would permit objects to fall from its grasp. Two months later there was difficulty in swallowing and escape of fluids through the nose. At the same time the voice became nasal. There was paralysis of the right side of the soft palate and of the vocal cord of the same side. Except the loss of power in the right hand there was no functional disturbance of the shoulder, arm, or forearm. There was no particular disorder of the reflexes, sensibility, or motility.

Loss of power in the hand increased and the hand atrophied. Diplopia supervened in May, 1903. The tongue deviated to the right; the muscles of the neck and pharynx became painful. There was no distortion of the features, no disturbance of hearing, smell, or taste. There was no mental disorder. This case resembles those of Avellis, but with the addition of other phenomena the interpretation of which is obscure. The principal seat of the lesion should be in the medulla oblongata. The author believes that the facial did not participate in the disease. He calls attention, furthermore, to the fact that in typical facial paralysis the velum palati is intact. When the velum is paralyzed it is probable that examination of the larynx would reveal a laryngeal paralysis of the same side. —Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Asthma—Chorea.

In the Medical Brief Dr. R. D. Elderdice, of McKnightstown, Pa., says that he has seen cases much relieved by the use of:—

℞ Potass. iod., 1 drachm.
Tr. phytolacca,
Tr. belladonnæ, of each, 2 drachms.
Tr. sanguinariæ, 1 drachm.
Aquæ, q. s. ad 2 ounces.

M. Sig.: Half-teaspoonful every two hours, until eased, then teaspoonful three times a day.

In the humid variety, nitrate of sanguinaria, $^1/_{60}$ grain, every two hours, will be found of benefit.

In chorea, fluid extract of scutellaria and cimicifuga, with bromide of soda, forms one of the best modes of treatment.

Vomiting.

Lemoine says that he has found the following mixture valuable in the vomiting of pregnancy, and also in various cases of gastritis:—

℞ Mentholi, gr. iss.
Tincturæ opii,
Tincturæ belladonnæ,
Tincturæ hyoscyami, of each, *m*xv.
Alcoholis, ℥ $^{2}/_{3}$.

M. Sig.: Five drops in a little water every hour.—Journal of the American Medical Association.

Fœtid Bronchitis.

℞ Sodium hyposulphite, ʒj.
Syrup of eucalyptus, ℥iss.
Tincture of cinnamon, ʒiiss.
Distilled linden-water, ℥iij.

M. Tablespoonful every two hours.—Le Progrès Médical.

Puerperal Fever.

Ovary, of Torna, Hungary, places great reliance on equal doses of quinine sulphate and sodium salicylate in puerperal fever. He gives 4 $^{1}/_{2}$ grains of each every three hours. In light cases a few doses check the disease, and the treatment is harmless if prolonged indefinitely. One of Ovary's patients took over $^{1}/_{2}$ ounce of the mixture. Ovary believes the beneficial effects to be due to the formation of nascent quinine salicylate, the sodium sulphate being useful also in combating constipation.—New York and Philadelphia Medical Journal.

Thiocol in Tuberculosis.

Thiocol, or potassium guaiacol sulphonate, has taken its place definitely among the best remedies in tuberculosis.. It is indicated in all stages of the disease, and may be administered even where there is hæmoptysis. Its absolute freedom from odor, causticity, toxicity, and its ready solubility permit of its administration in large doses, both by mouth and hypodermically. *Per os* it may be given in the form of cachets, in doses of 8 grains every three hours.

The following is an eligible formula:—

℞ Thiocol, 2 $^{1}/_{2}$ drachms.
Syrup of orange peel, 3 $^{1}/_{2}$ ounces.
Boiled water, 5 ounces.

A tablespoonful every four hours.

For children:—

℞ Thiocol, 45 grains.
Syrup of orange peel, 1 $^{1}/_{2}$ ounces.
Boiled water, 2 $^{1}/_{2}$ ounces.

Tablespoonful once, twice, or three times a day, according to the age of the child.

In tuberculous laryngitis, Fasano, of Naples, recommends the following insufflation:—

℞ Thiocol, 2 $^{1}/_{2}$ grains.
Cocaine hydrochlor., 6 grains.
Boric acid, 15 grains.

At the same time thiocol is administered internally in doses of from 15 to 30 grains per day.—Merck's Archives.

Chronic Rheumatism.

Bellevue Hospital uses in the above disease:—

℞ Tartrate of potassium and sodium, $^{1}/_{2}$ ounce.
Potassium nitrate, 5 drachms.
Wine of colchicum, 2 drachms.
Water, enough to make 2 ounces.

M. Teaspoonful three times daily.—Medical Council.

For Coated Tongue and Bad Breath.

Dr. J. A. Burnett, of Pauline, Ark., recommends in the Medical Summary:—

℞ Hydrochloric acid, gtt. x.
Sodium chloride, ʒj.
Aquæ, ℥vj.

M. Sig.: One teaspoonful every hour.

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OVERTRAINED NURSES.

THE trained, or professional nurse, is one of the latest evolutions in the work of caring for the sick and wounded. All over the land, in all kinds of small and large institutions, young women are engaged in preparing themselves for this useful and dignified vocation. There are courses altogether unattached to any hospital in which a minimum of instruction is given and which have but a limited field of usefulness. Nearly every hospital has its own particular training school. In the elaboration of the sphere of the trained nurse the thought is often forced upon the mind that we are going too far in certain directions. Although in the old days of volunteer nursing there may have been much incompetency from want of systematic instruction, yet in these days the pendulum has swung to an opposite extreme. The old-time nurse, it is true, was often uneducated, yet she was often possessed with a natural aptitude for her occupation. In very many instances she had been led to the work by her genuine sympathy with the afflictions of her fellow-beings. She desired to be of service, and her neighbors always thought of her when they were in distress. In most communities were women such as Mrs. Winthrop in "Silas Marner"! "She was the person always first thought of in Raveloe when there was illness or death in a family, when leeches were to be applied, or there was a sudden disappointment in a monthly nurse." Even to the present day, and especially in the country, there are such women who quietly pursue a useful career. They do not wear trim caps and aprons, they lend their hands to many an act of household labor, and they have no book-learning, but they are nevertheless valuable assistants to the physician and execute his orders in literal obedience. Those who were observant and sagacious gradually acquired a familiarity with symptoms which often terrified the recent graduate.

However, the times change and we must change with them, said the old Latin proverb which we learned in our grammars. The trained nurse now dominates the scene. She is one of the latest products of civilization. She undergoes a prolonged pupilage before she is graduated to enter upon her work. It is customary to say that nursing has become a profession. When we consider some of the ambitious projects conceived in our great centers we may almost wonder where the profession of the nurse ends and that of the physician begins.

We are imitative creatures. Launch a scheme in one large city, let it be written about and talked about, and other large cities are sure to adopt the ideas in the fear that they will otherwise be left behind and not be able to keep up with the procession. "It is the latest" is ever a powerful argument, perhaps more especially in this country. To be behind the times is a deep aversion to the ordinary American in whatever walk of life. As a consequence elaborate schemes of instruction have been evolved, and city vies with city, hospital with hospital, to turn out the most highly educated nurses.

The most effective training is that which fits the individual to cope successfully with the difficulties and responsibilities of his or her chosen career. The nurse shares with the physician, but to a more limited degree, the tremendous responsibilities of life and death. To educate a nurse beyond her calling, however, is not wise and goes far, indeed, to unfit her for usefulness. Beyond all else, these young women need to be taught to act discreetly and faithfully under the physician's orders. In the management of a case he must be the court of last resort. From his decision, reached perhaps after consultation with his colleagues, there can be no appeal. The nurse cannot share in these councils. There is no adequate reason that the nurse should receive the education and training of the medical student. Yet something like this is precisely what is being done in our most ambitious institutions. A curriculum of study is drawn up and lecture courses are devised which closely imitate the roster of the medical student. It is always true that a little learning is a dangerous thing. It is well that the nurse should attain all possible skill and deftness in the execution of those manipulations which strictly and properly fall within her sphere of duty, but it is not satisfactory to make the attempt to ground her in the principles of bacteriology, pathology, the examination of the urine and the blood, the cause and treatment of disease, the physiological action of drugs, the diagnosis of fractures and dislocations, etc. These are subjects which pertain to the education of the medical man. They cannot, and they should not, be delegated to any other class. In regard to the examination of the excreta this is the province of the interne, who ought to appreciate highly the privilege of having the opportunity of familiarizing himself with this work. It is unfortunate for the young doctor when he confines himself to inspecting charts and tables which have been drawn up by the nurses. This is a part of his work which he should thoroughly learn to do.

Every system has certain drawbacks. The older generation of physicians, destitute of our present means of precision, learned to develop to a wonderful extent their natural senses. To-day the dependence upon charts and tracings is almost slavish. There is a tendency to rely entirely too much upon instruments and too little upon reason and sagacity. The nurse in these matters is overtrained at the expense of the resident physician.

Within well appointed and properly regulated hospitals everything proceeds according to a system. The nurse looks to her superiors for instructions. In private practice matters are very different. The nurse meets with medical men with whom she has no acquaintance. She has not known them in connection with hospital or college. Some of them are old men, graduated before the new era. Sometimes she is taken into the country and placed under the command of a country doctor. The physicians are entirely competent, but they are comparatively unaccustomed to the personality of the hospital nurse. If, under such circumstances, the nurse is not scrupulously discreet she is capable of working much mischief. If she appear to question or to doubt the physician's orders she may undermine confidence, and trust of patient in physician plays an important rôle in the practice of medicine. This is confessedly an extremely delicate question. Such friction should never exist, yet it is a difficulty with which physicians not infrequently have to contend. To some extent the trouble is obviated by the physician having his own corps of nurses with whom he customarily works, but this is not always, or nearly always, possible. Overtrained nurses are apt to have an overweening sense of their own importance, and this fact goes far to diminish their usefulness in the sickroom. Strict obedience should be their only motto. The responsibility of a case belongs to the medical attendant. It cannot be shifted or shared.

Good nursing is not facilitated by too elaborate an education. In other words, to be brief and state the gist of the whole matter, the province of the nurse and that of the physician are distinct.

Nurses are expensive luxuries in private practice. People of independent means can afford to surround themselves with attendants, but most of our patients are necessarily in moderate circumstances. How are these people to pay high fees to trained nurses? There is many and many a case in Philadelphia and in every other city which is watched over by a professional nurse which might as well be cared for by members of the family. Disease has been made so costly of late years that we often wonder, if the professional nurse receives her pay when due, when can the doctor's bill ever be paid? Nurses are often also extremely inconsiderate. Proud of their position and attainments, they require as much waiting upon as a grand lady. The old-fashioned nurse could go into the kitchen and prepare a dish, carry it to the patient, and be of assistance in the stricken household, but those of the present day are sometimes a cause of much discord in the house.

THE LICENSING OF NURSES.

No WOMAN can be considered a trained nurse whose education has been obtained in a school altogether destitute of beds and patients. Oral instruction in short courses can never confer that practical familiarity with the details of nursing which is demanded in cases of disease. Young women who have gone through a complete course of study and work in a well-equipped hospital owe it to themselves and their teachers to prove worthy and creditable members of their profession. In these large institutions they have been brought into immediate contact with patients suffering from diseases and injuries. They have enjoyed the tuition and have observed the practice of the foremost men of the community. Therefore, when they obtain their certificates or diplomas they should realize that their position binds them to labor for the good of humanity. The whole machinery of a hospital service was never instituted merely for the purpose of providing a lucrative career for young women. The experience of the writer in a practice of more than thirty years, having watched during that period the rise and progress of the trained nurse, having also had much to do with the training of nurses in hospitals, as well as encountering numerous specimens in private practice, has convinced him that we have by no means reached an ideal condition as regards trained nursing, and especially in private practice. When they enter upon the work of nursing in private families these women frequently show themselves to be arbitrary and dictatorial. They seem to have conceived the most lofty idea of their own importance. With a slavish obedience to routine, they are not infrequently tyrannical to the patient whom they have been called to serve. It is not at all unusual for nurses to disobey secretly the instructions of the physician who has charge of the case. If the medical attendant be one of those who are necessarily the majority of the profession—viz., unconnected with a medical school or a hospital—the attitude of the nurse is very apt to be critical and supercilious. Such a frame of mind soon leads to disagreements and the time comes perhaps when either doctor or nurse must go. No thoroughly sensible woman would place herself in open or secret opposition to the medical attendant. Nevertheless, that such conflicts do occur is within the knowledge of every reader. Indiscreet women make trouble not only between physician and patient, but also in families. They raise causeless and inexcusable dissension in their efforts to display their authority and dignity. It is a rule in life that those who themselves possess dignity are most respectful of the rights and the comfort of others. One feature of arrogance which never fails to create difficulties is the attitude which nurses assume toward domestic duties. They expect to be waited upon as much as if they were the mistress of the household. Domestic servants resent this assumption, and new seeds of discord are sown. Rather than such a state of affairs it is infinitely better from every point of view that the patient should be waited upon by some old, faithful, and attached servant, some charitable friend, or other person in whom dependence could be placed and who would know better than to embroil herself in dissensions with servants. There are also persons who call themselves trained nurses who are so ignorant of their duties and likewise of their interest as to gossip about other patients, about doctors, and about themselves. Women of this description are of no use. They have mistaken their calling.

The most serious reproach to the trained nurse is her position as regards remuneration. Like female Cæsars, they think they have but to come, see, and conquer. Sick people must all be rich. Nurses demand for their services pay which is out of all proportion to the means of most people who are afflicted with illness. Twenty to twenty-five dollars a week, with board, lodging, and wash, and humble obedience of domestics and members of the family, are the modest demands of these young women. They turn the household topsy-turvy.

These charges are excessive and in many instances prohibitive. Now, every physician knows that the fees which he can charge and collect must be in some reasonable accord with the circumstances of his patients. Every man in the medical profession approximates his charges to the financial ability of those he attends. This is done not only willingly, but cheerfully, and in how many cases, indeed, does not the physician give the most devoted service where he feels assured that not a dollar can ever be collected? But what is the conduct of these young women in similar circumstances? They cannot abate their price. They will idle at home or they will walk the streets in leisure rather than reduce their charge according to the ability of the patient. The luxury of a trained nurse must be denied to those who are not fortunately possessed of a liberal income or who have no husband or children willing to deny themselves almost the necessities of life in order that the invalid may have everything which is thought to be an advantage. People may suffer and people may die, but the weekly wage scale of trained nurses must be upheld. In fact, we all know that the mass of mankind have no twenty dollars or twenty-five dollars a week, eighty or one hundred dollars a month, at command, over and above all living expenses, when illness invades a household. In many cases where, by extreme self-denial, a trained nurse is engaged, upon what reserves can the people call in order to pay the doctor, upon whom the chief responsibility inevitably falls? The question answers itself: the doctor must wait. And how many young physicians actually collect as much as three dollars every day throughout the year? The average physician's earnings scarcely, if at all, exceed that sum.

It is now proposed to ask the Legislature to pass a law licensing trained nurses. How is the burden of these excessive charges to be borne? It cannot be borne by most people in large cities where more money is at least in circulation, and in the smaller towns and villages throughout the State there is even less ability to meet such prices. A case comes at this instant to mind. A young country mechanic, married, was stricken with a serious illness. He was prostrated almost to the point of death. An operation became necessary, but the inherent vitality of the man enabled him to come through the prolonged ordeal. It was thought to be necessary to employ two trained nurses for many weeks. The consequence was that when the patient entered upon a tedious convalescence he was so deep in debt that he will do well if he can free himself in a year. This is but one instance out of hundreds.

Now, in all seriousness, let us ask the honorable legislators of the State of Pennsylvania whether it would be easy for them, or for many of their constituents, to pay out twenty or twenty-five dollars weekly for months if disease should enter their homes? In the presence of illness men feel themselves in duty bound to strain every nerve to meet expenses. In this matter, however, the expenses are often needlessly high, and the duties could in many cases be performed by members of the family as they always were, and necessarily, until the universal advent and fad of the trained or overtrained nurse.

A VENOMOUS AND UNJUST ATTACK BY THE "ALUMNI REPORT" OF THE PHILADELPHIA COLLEGE OF PHARMACY.

In the business world it has long been a proverb that "competition is the life of trade." Solomon long ago left upon record that "of the making of books there is no end." In our own day, as our country expands, our cities grow in population, new institutions of learning are constantly and in the natural course of events being founded. The public school system extends, new colleges, technical and medical schools, spring up all over the land.

It is perfectly proper that among these institutions a generous rivalry should exist. The faculties and the students of different schools, colleges, and universities are perfectly in the right to vie with each other in the effort to secure full classes, but in particular to turn out good scholars. Lecture courses, laboratory work, and all the other modes of instruction should be graded in such a manner as to facilitate both the class and the preceptors in their intellectual tasks. This form of rivalry is for the good of the schools, their pupils, and the professions for which they are educated.

On the contrary, we sometimes witness a discreditable attack by the professor of one institution upon the methods and motives of another school. Animadversions of this kind are extremely derogatory to the character and dignity of any school and are sure to redound to the injury of whoever makes or countenances such assertions.

Our attention has been called to a disagreeable incident in relation to the Department of Pharmacy of the Medico-Chirurgical College. An editor of an alumni journal published in this city upon the merest hearsay chose to descant upon what he termed intercollegiate discourtesy. The discourtesy is in his own charges and insinuations. The attack was unjustifiable in this instance for the reason that the teachers whom he implicated are highly respected and capable graduates of the school with which he is himself connected. This is doubly ungracious. Going absolutely out of his way, this assailant takes occasion to cast some bitter reflections upon gentlemen who are training their pupils in a quiet, unostentatious, and scientific manner.

The Pharmacy Department of the Medico-Chirurgical College has no wish and no reason to conceal itself behind a veil of secrecy. Its record is open to all the world. Its teachers are well versed in their respective branches; its courses are well arranged; its laboratories are well equipped; its students are zealous and industrious. It is with the greatest surprise, therefore, that we read such obnoxious matter as the following paragraphs: "An institution in this city has been making desperate efforts to entice from the Philadelphia College of Pharmacy some of the students who were conditioned in the spring examinations, offering to admit the Philadelphia College of Pharmacy *first-year* students (without examination) into their graduating class. Unfortunately some of these students have not had the wisdom to recognize the 'gold brick' thus held out to them; *but later,* quite probably when they come up before the State Examining Board, they will awake to the consciousness that it was not possible to crowd two years' work into one, and that a short cut to a diploma may result in receiving one that is not worth the paper it is written on. We would put the Alumni of the Philadelphia College of Pharmacy 'wise' against such reprehensible practices, and ask them to see that the young men they send to our college are not deceived in a similar manner."

This is one of the most virulent aspersions it was ever our lot to read. What a jaundiced mind must the writer of these lines possess! The animus is plain and the English is no more to be commended than the meaning.

We are glad to learn that the Trustees of the institution with which the pharmaceutical journal is connected by no means uphold the editor in his attack. They have expressed the opinion that it was a great mistake to cast out such mean insinuations against a reputable college. We predict that his colleagues and the alumni will by no means be in accord with the editor's utterances. His views are totally erroneous and are absolutely libellous. Any college would be justified in taking this editor into court for his malignant expressions.

The weakness of his position is so notable that in the very next issue of his journal he is compelled to print an apology which is a very lame performance. He makes some vague statements about impressions which had been left upon his mind. Hereafter we should advise him to be sure of his facts before he brings forward his charges. Attacks and insinuations, like curses and chickens, come home to roost, and an immature editor will injure himself, his journal, and his college.

University of Minnesota.—Dr. Lewis B. Wilson has resigned from the faculty of the University of Minnesota; Dr. Jacob E. Shadle, of St. Paul, has been appointed Professor of Diseases of the Nose and Throat, *vice* Dr. Winfield S. Laton, of Minneapolis, and Dr. James E. Moore has been made Professor of Surgery, succeeding the late Dr. James Henry Dunn.

Consultation Department.

Large Papular Syphiloderm.

Dr. W. C. C. writes concerning a case of what he believes to be syphilis. His difficulty is that, although a mercurial and an iodide have been freely given, no improvement has taken place. The patient is a woman 28 years of age. The eruption consists of large papules, of a copper color, situated upon the face and other parts of the body. They are present on the palms of the hands.

This is the large papular syphilide. The doctor's diagnosis is correct. It sometimes happens in these cases that the usual specific remedies fail, at least for a time. In such instances it is well to suspend the drugs and replace them by some form of tonic medication. I would suggest for this patient:—

℞ Tr. nucis vomicæ, *m*cxx.
Extract. lappæ fluid., ℥ij.
Extract. xanthoxyli fluid., q. s. ad ℥iv.

M. Sig.: A dessert-spoonful four times a day.

After all evidence of mercurial and iodide saturation has disappeared they may be resumed, and will produce a more satisfactory effect.

Squamous Eczema.

Dr. T. K. A. has a patient, a man 35 years of age, who has had an eruption for two weeks. It began upon the chin, invaded the breast, and then extended to other parts. There are patches of redness, the skin is infiltrated and covered with large, thin, grayish, loosely adherent scales. There is much itching. The tongue is coated. The man is temperate as regards liquor, but smokes and consumes large quantities of tea and coffee.

This is eczema of the squamous form, due, in all probability, to the excessive use of tea and coffee. I should advise the patient to abandon these beverages and also the tobacco. They have damaged his digestive system and reduced his nervous force. I should prescribe:—

℞ Pepsini, gr. c.
Acid. hydrochlorici dil., *mcc*.
Glycerini, q. s. ad ℥v.

M. Sig.: Teaspoonful in water after each meal.

As an external application, to lessen the inflammation and relieve the itching, I would order:—

℞ Acidi carbolici, *m*x.
Betanaphtolis, ʒss.
Unguent. zinci oxidi,
Unguent. aquæ rosæ, of each, ℥ss.

M. ft. ungt.
Sig.: For external use.

Muscular Rheumatism.

Dr. W. M. T. has a patient, a woman aged 27 years, who suffers from muscular rheumatism. She is very nervous, her tongue is coated, her bowels are constipated, and her digestion is weak.

In a patient of this kind I should reduce the quantity of meat taken and feed her principally on vegetables. On account of the secretory disorders I should order:—

℞ Sulphuris sublimati,
Salicini, of each, gr. ij.
Ext. cascaræ sagrad., gr. ss.

M. et ft. in capsul.
Sig.: Two such capsules three or four times a day. If these do not prove sufficiently active I should add $^1/_{10}$ grain of podophyllotoxin and some oil of gaultheria.

Subacute Gastritis.

Dr. R. M. N. asks what should be done for a young man of 22 who has flatulence, shortness of breath, and palpitation after eating, but who has no organic heart trouble.

The patient has subacute gastritis. I should inquire concerning his use of tobacco, tea, coffee, and liquor. I should limit him for a time to a milk diet, giving him after each portion 5 minims of dilute hydrochloric acid. He would be benefited also by bismuth subnitrate or subcarbonate with resorcin. The latter is a good antifermentative, and does not cause vomiting.

Chronic Gastro-intestinal Catarrh.

Dr. T. W. A. presents an interesting case for consideration. A man, aged 57 years, has long suffered from gastric and abdominal trouble. His bowels have been irregular, though generally constipated; he has lost flesh and strength. At present he has pain in the shoulder and breast. He does not often vomit. He has been in the habit of using whisky freely. The tongue is described as large, flabby and pallid. The extremities are cold. The area of hepatic dullness is small. The kidneys are sluggish.

The man has chronic gastro-intestinal catarrh with beginning cirrhosis of the liver, a consequence of chronic alcoholism. The prognosis is not very encouraging. The glands are seriously damaged. Nitrohydrochloric acid is one of the best agents at our command for awakening the liver into activity. I would give 10 to 15 minims three times a day in a dessert-spoonful of glycerin after meals. I should forbid fats, starch, and sugar. Let him drink a bowl of hot water morning, noon, and night. To regulate his bowels I should order:—

℞ Podophyllotoxini, gr. v.
Mass. hydrargyri,
Pulv. jalapæ,
Ext. colocynthidis co., of each, gr. xxx.
Ol. gaultheriæ, gr. iij.

M. et ft. pil. no. xxx.
Sig.: Let three such pills be taken every night.

I often with advantage add leptandrin to the above combination.

Medical News and Miscellany.

Compliment to Surgeon of the Sixty-fifth Regiment, N. G., S. N. Y.—As a token of their appreciation and esteem the members of the hospital corps of the Sixty-fifth Regiment tendered Major Albert H. Briggs a dinner, and presented him with a handsome regulation sword. The occasion was the completion of twenty-five years of continuous service in the regiment, by the major, who is now regimental surgeon and in command of the hospital corps.

Loving Cup Presented.—The medical profession of Atlantic City has presented Dr. Byron Cook Pennington with a handsome silver loving cup, suitably inscribed, in token of their appreciation of the sterling worth and faithful work of Dr. Pennington during his twenty-four years of practice in Atlantic City.

Hon. William Potter's Address at Jefferson College.—At the opening of the Eightieth Session of Jefferson Medical College a very interesting and suggestive address was delivered by Hon. William Potter, President of the Board of Trustees. The speaker eloquently pointed out to his auditors the high responsibilities of the calling which they had chosen. He alluded to the difficulties attendant upon the study of medicine, and reminded them that every year makes it more difficult to enter their select company. The medical course is much the most exacting of all the learned professions. He welcomed the students who came from distant parts of the country and even from foreign lands, to whom Philadelphia is as yet a strange and unknown city. He assured them that they are now surrounded by friends, and sketched for them an outline of the history of the college during the last few years. He described the changes by which the institution had been widened, and referred to the improvements which were contemplated for the future in such a manner as to interest every alumnus of the school. No school can hope to keep an eminent place in its sphere of usefulness by standing still. He reminded his hearers that what is most needed, after all, in our profession to-day, as in all other pursuits, are men of high character. Character is the crying want of the age.

The address evinced the deep interest taken by the speaker in the college over which he presides and for whose welfare he has labored so faithfully and with such marked success.

Dr. Gailleton.—Dr. Gailleton, Professor of Dermatology and Syphilology in the Medical School of Lyons, who died recently at the age of 75, was a man of remarkable ability and character. An enthusiast in his profession, he found time amid the absorbing cares of a large practice and his duties as Senior Physician to the Antiquaille to take a prominent part in the civic life of Lyons. He was mayor of that city for twenty years, and was seated by the side of President Carnot when he received the fatal wound at the hands of an assassin. Dr. Gailleton was the first medical man in attendance on the dying president.

A Memorial Building for Dr. Osler.—Plans are afoot in medical circles of Baltimore and other cities to erect in that city a library building, to be called the Osler Memorial Building, as a tribute on the part of the medical profession to Dr. William Osler.

Presbyterian Hospital, Cincinnati.—Drs. D. T. Vail and Louis Stricker have been appointed ophthalmologists to the Presbyterian Hospital in place of Dr. C. R. Holmes, resigned.

The Expired Air of Phthisical Patients.—Dr. Koelzer publishes the following results of experiments conducted by him with a view to ascertaining whether the air exhaled by phthisical patients during quiet respiration is free from tubercle bacilli, viz.: (1) such air is not free, but the bacilli are present in such small numbers that it can be practically ignored as a source of infection; (2) the chief sources of infection are the spray produced in coughing and the pulverization of the dried sputum; and (3) tuberculous involvement of the larynx increases the number of the bacilli in the expired air of quiet respiration to such an extent that, whereas when this condition is not present the presence of germs cannot always be proved experimentally, such can always be effected when it exists.—Treatment.

Dr. B. Curtis Miller.—Dr. B. Curtis Miller, resident physician of the Western Maryland Hospital, Cumberland, for eight years, has resigned.

Professor Pickett.—Dr. William R. Pickett has been appointed Professor of Nervous and Mental Diseases in the Medico-Chirurgical College.

Post-typhoid Laryngeal Perichondritis.—Mayer refers to a case of this kind, which was published, in part, last year, in which a complete cure was effected by means of intubation. The special points of interest in the case are: 1. The unusual nature of its origin, a gradually increasing dyspnœa requiring a tracheotomy one month after the patient was discharged as cured of the typhoid fever. Three months later an O'Dwyer tube was introduced, which was worn for six weeks. 2. The length of time the tube was worn—for three months, continuously. 3. The ease of deglutition after an intubation. 4. The use of the child's size O'Dwyer tube for a short time toward the last. 5. The cure by intubation. Nine months after the last extubation the patient's general condition is good; she has increased in weight, and attends to her usual duties.—Journal of the American Medical Association.

Lead Poisoning from Wall Paper.—Professor Lefour, of Bordeaux, had occasion to treat a pregnant woman for obstinate intestinal colics and constipation, with the death of the fœtus just before the seventh month. The husband also presented intestinal symptoms. Both husband and wife were previously healthy, and occupied a house which had been recently renovated and papered, the papers selected in Paris, Bordeaux, and London with great care. After the abortion they traveled for a few months, both in good health, but as soon as they settled down again at home the symptoms reappeared. The idea finally occurred to the physician that the golden yellow velours paper on the wall might be the source of the trouble, and, in fact, 1.5 grams of lead were found in each square yard. The paper in the adjoining rooms contained about one-third of this proportion of lead. Tests of eleven other papers from the stores showed from 1.2 to 7.68 grams of lead per square meter in nine of the papers and copper in the others. The largest proportion of lead was found in the velvety style of papers. He does not hesitate to ascribe the death of the fœtus and the illness of the parents to lead poisoning, and is confident that it is much more frequent than generally supposed.—Journal of the American Medical Association.

Tropical Medicine.—A lecture on tropical medicine was delivered on the evening of November 17th in the clinical amphitheater of the Medico-Chirurgical Hospital by Dr. George G. Groff. The speaker of the evening is Professor of Anatomy and Physiology in Bucknell University. The occasion was enjoyable and instructive.

Sarcomata of the Vagina in Childhood.—A. Le Deuta cites various instances reported by Veit, Brown, Strassman, and others, and gives the following case in detail: It refers to a little girl of $3^1/_2$ years with no antecedent history of importance with the exception that the maternal grandmother died at 54 of gastric carcinoma. At the age of 3 years the child had a fall, landing on its stomach. A month later the mother noticed a small brown mass presenting at the vulva. The mass was glossy, spongy, and friable, with a slight bloody secretion. It was nonadherent to the vaginal wall. In the course of two months there was absolute retension of urine due to mechanical pressure, with pain dependent thereon. Examination of the vaginal curettings showed an extremely vascular soft fibroma, diagnosed as absolutely benign. Laparotomy was performed, and an enormous tumor mass was seen reaching from the pelvis to the umbilicus. The uterus, adnexa, and upper part of the tumor were removed; the most accessible polypous growths were removed through an anterior vaginal incision. The upper portion was sutured and drained, the posterior vaginal wall remained intact, thus separating this cavity from that of the general peritoneum. Recurrence, however, seemed inevitable and, although no peritonitis developed, there was absorption of the infectious material, and the child died in three days, the immediate cause being pulmonary congestion. The gross appearance of the tumor mass showed enormous hypertrophy of the vagina, uterus, and adnexa, with cystic degeneration of the ovaries. Histologically, the vaginal tumor was essentially composed of developing sarcomatous tissue with some myxomatous degeneration. The fragments showed developing and anastomosing cells, with some well-developed connective tissue. The case is similar to many already reported with the exception that there was entire absence of striate muscular fibers, which is rather against Cohnheim's theory of congenital teratomata.—Archives of Pediatrics.

Wm. R. Warner & Co.—This well known firm of Philadelphia manufacturers has received the highest award, the Grand Prize, for pharmaceutical preparations at the Louisiana Purchase Exposition (St. Louis).

Rigor Mortis in Stillborn Children.—Parkinson states that in a case of suspected infanticide, or where the question of live birth comes in, any evidence that the limbs and body have been drawn up while in a state of cadaveric rigidity into the shape in which the body is molded *in utero* is a strong evidence of stillbirth.—New York and Philadelphia Medical Journal.

Night Off.—Professor —— is much interested in epilepsy in its different forms. During a summer sojourn in the mountains he heard of an old woman affected with epilepsy who had lived to the age of 79 years. Curious to know the details of so unusual a case, he interviewed the widower. Having inquired concerning different symptoms, he proceeded:—

"Did she grind her teeth much at night?"

The old man considered for a moment and then replied:—

"Wal, I dunno as she *wore* 'em at night." —November Lippincott's.

Death from Hysterical Hæmoptysis.—Il Morgagni contains an account of a case brought before the Lancisi Society of the Hospital of Rome by Dr. Pende, in which hysterical hæmoptysis is said to have caused death. The patient, a girl 17 years of age, had been much distressed by the death of a sister from pulmonary tuberculosis, and soon afterward began to suffer from repeated hæmoptysis, accompanied by cough, thoracic pain, and fever. She was very robust, and, without any history of preceding disease, showed evident hysterical stigmata and only slight signs of congestion at the apex of the right lung. Repeated examinations of the expectoration showed no elastic fibers and no tubercle bacilli. It was inoculated into the peritoneum of guinea-pigs without causing tuberculosis. The patient reacted to injections of tuberculin. A diagnosis of hysterical hæmoptysis was made at the hospital of S. Giovanni. Treatment was by suggestion, and verbal injunctions to bring up no more blood were followed by the disappearance of hæmoptysis, fever, and all pulmonary signs. She left the hospital cured; but a few days later was seized with fresh and severe hæmoptysis, and taken to the hospital of Santo Spirito, where, after a few hours, she died. A postmortem examination was made, but no lesion was found in the lungs or in any other organ capable of explaining the fatal hæmorrhage. This fact was verified, so far as the lungs were concerned, by Marchiafava. The author explains the hæmorrhage as due to diapedesis from dilated vessels. He bases on this case, at present unique in literature, the statement that hysteria can simulate pulmonary tuberculosis to perfection. Differential diagnosis is to be made by the absence of elastic fibers and tubercle bacilli from the sputum, by the negative results of inoculation of animals with the sputum, and by the presence of hysterical stigmata. Less importance must be attached to the reaction to tuberculin.—British Medical Journal.

Dr. Maximilian Herzog.—Dr. Maximilian Herzog, for more than seven years Professor of Pathology and Bacteriology in the Chicago Policlinic, has been appointed pathologist in the Bureau of the Government Laboratory, Manila, and will sail from San Francisco about December 30th.

Ivy Poisoning.—Death from ivy poisoning is extremely rare, especially among adults; but a man 42 years old died in St. Joseph's Hospital on the 21st, after two months of intense suffering from this affliction. A striking peculiarity of the poison ivy is the varying degree of susceptibility to its effects—some persons are affected by merely passing the plant without coming in contact at all, while others can handle it with impunity. A case is related of a child, 6 years old, who died from the effects of severe ivy poisoning produced by having his skin rubbed while wet by the hands of a boy who had been rooting up plants of the poison ivy. This case is rendered still more remarkable by the fact that the boy had previously washed his hands thoroughly, under supervision, first with soap and hot water, and afterward with vinegar. The boy who had been working with the plants had a full and apparently permanent immunity to the poison.—Bulletin Health Department, Chicago.

Death of Dr. Mordecai Price.—Dr. Mordecai Price, a prominent gynecic surgeon of Philadelphia, was found dead in his office on the morning of October 29th. On the preceding evening he had operated on a patient suffering from appendicitis. He arrived home about 11 P.M., and when found dead he still grasped the handle of his instrument case. He had been stricken with apoplexy almost immediately after crossing his threshold. He was 58 years of age.

Hæmaturia from Rhubarb.—Schulthess reports a case in which a boy, aged 7, ate about 100 grams of stewed rhubarb at midday on May 25. At bedtime he passed 80 cubic centimeters of turbid, reddish-brown, dichroic urine, which was acid and of specific gravity of 1.029. It contained numerous red corpuscles, and gave the reactions of blood. There were no casts. After standing twelve hours numerous crystals of oxalates were precipitated. The next morning the first 150 cubic centimeters of urine passed was somewhat smoky, and contained a trace of albumin. The precipitate obtained by centrifugation contained red corpuscles, leucocytes, and oxalates. But the boy felt perfectly well, and presented none of the classical symptoms of oxalic acid poisoning, such as prostration, gastro-intestinal irritation, cardiac failure, mydriasis, numbness of the limbs, and shooting pains in the head, back, and kidneys. The second portion of urine passed on May 26th was of normal appearance, but contained a trace of albumin. Thereafter the urine was normal. There was constipation until May 27th, when a formed motion was passed. Oxalic acid normally occurs in urine, but in quantities not exceeding

0.0056 per cent., even on a diet rich in carbohydrates and vegetables. The urine passed in the first twelve hours after the meal of rhubarb contained 0.217 gram, or 0.09 per cent. About two-thirds of the stewed rhubarb consisted of thick rhubarb stalks, which, according to F. Schaffer, contain about 1 per cent. of oxalic acid; so that as much as 0.6 gram was probably swallowed. Of this, a third was recovered from the urine; the remainder was evacuated in the fæces or was oxidized; 0.5 gram is a very large dose of oxalic acid; 2 grams are toxic, and 4 grams may be fatal. Thus the amount of oxalic acid ingested was insufficient to produce symptoms of poisoning. The boy had often eaten rhubarb without ill effects. Probably the constipation favored more thorough absorption, and the amount of oxalic acid was sufficient to produce hæmaturia.—British Medical Journal.

Pemphigus of the Œsophagus.—Tamerl reports a case of a man, 71 years old, suffering for two and a half years from pemphigus facialis, who evidenced symptoms of œsophageal stricture. The thought of carcinoma of the œsophagus occurred, but was not substantiated by passage of sounds. The œsophagoscopic image showed a fresh red, bleeding surface with raised epithelium and bullæ. Evidently the pemphigus bullæ produced the partial occlusion of the gullet, which resulted in an obstruction to deglutition. The patient recovered during the time of the clinical observation.—Southern Medicine and Gaillard's Medical Journal.

An Antenatal Case of Measles.—J. R. Gibson reports the case of a woman attended in a third and normal confinement. The nurse when washing the child called attention to some dull-red spots on the buttocks. A suspicion was entertained of a syphilide, but no opinion was expressed, as the two previous children were very healthy and the character of the parents was above reproach. On the next morning the uncertainty was cleared up, for the author found the child covered with a typical measles rash and suffering from suffusion of the eyes, nasal catarrh, and bronchitis, and, in short, all the cardinal symptoms of measles. The child recovered in the usual period and without any medicinal treatment. The temperature ranged from 99° to 100° F. The mother made an uninterrupted recovery and showed not a single symptom of measles. When the baby was eight months old the other two children took the measles, but the baby did not. The mother had had measles when a child.—Archives of Pediatrics.

Werlhof's Disease and Tuberculosis.—A. A. Kissel, as a result of numerous observations on the hæmorrhagic diseases in childhood (purpura, Werlhof's disease, peliosis), concludes that there is some connection between them and tuberculosis. It seems that the latter disease predisposes in some manner to the former. It is very difficult, says the author, to draw fixed lines separating the various forms of purpuric diseases. The course of these diseases does not resemble that of an infection. The hæmorrhagic diathesis occurs frequently in Russia. Its etiology is obscure.—Archives of Pediatrics.

Typhoid Orchitis.—S. T. Darling says that the view that in typhoid fever there is a general dissemination of the bacillus through the body is receiving increased confirmation, by reason of the frequency with which pure cultures of the typhoid bacillus are recovered in the local complications of the disorder. Orchitis is among the rare complications; it occurs most frequently during convalescence, but has been noted as early as the tenth day. It is believed that the infection takes place through the blood-stream, though it may occur from the bladder by extension along the vas deferens. The case reported by Darling occurred in a laborer, 42 years old, who had had gonorrhœa a number of times, and whose left testicle had been chronically enlarged. Sixteen days after the symptoms of typhoid began the patient's temperature was normal; the following day pain occurred in the left testicle. The epididymis was swollen and the left inguinal glands enlarged. One month after the onset of the swelling fluctuation was noted in the inflamed testicle. Incision gave exit to a pale, milky pus. The bacillus typhosus was obtained in pure culture from the pus. —Medicine.

Domestic Scholarship.—Little Nell was struggling with the alphabet. Now, it happened that the cook, whose Christian name was Emma, was called M for short, and that M had a daughter, Sue, who was her facsimile save in point of size. So when in the journey down the line the letter M was reached and Nell's memory failed her, mother prompted her by asking:—

"What is cook's name?"

"M," came the answer.

"Well, this letter is M. Now, look at the next one. See, it is very much like M, only smaller. Can't you tell me what it is?"

"Sue," promptly and confidently responded Nell.—November Lippincott's.

Association of Chorea with Tænia Solium.—Burnet reports two cases of very severe chorea, in both of which tænia was present. In the first case there was no rheumatic history. The choreic attack was very severe and was not at all influenced by the ordinary therapy, until, by means of male fern, a large tapeworm was expelled. Thereafter improvement was prompt and recovery complete. In the second case there was a definitely rheumatic history. There was no effect noted from the usual therapeutic measures. The possibility of tænia being borne in mind, male fern was given, with the result that a large tænia was passed. Improvement set in almost immediately, and was permanent. The author believes that even in rheumatic subjects chorea may find its origin in causes other than the rheumatic toxin. Tapeworm may be such a cause, and the possibility of its existence should be borne in mind in those cases which prove intractable to the usual routine treatment.—Cincinnati Lancet-Clinic.

Typhoid Fever Following Measles.—Thomas reports the following case by reason of its rarity: A girl $5^1/_2$ years old developed a frank case of measles. No doubt could be expressed as to the diagnosis, there being an epidemic of the disease at the time. In the very early stage of convalescence the child complained of gastric distress, which was shortly followed by diarrhœa; fatigue and anorexia; dry, coated tongue; vomiting; inflation of the abdomen; rise of temperature and pulse. On the eighth day a few rose spots were discovered, the temperature fluctuated, and there was general prostration. Enlargement of the spleen and a positive Widal reaction made the diagnosis clear. Defervescence took place in the third week and convalescence was without incident. The source of contamination could not be discovered. This fact would support the theory of Roger, who considers that the bacillus of Eberth may lie dormant in healthy tissue, and become virulent in the presence of an antecedent infection, which lessens the general resistance.—Archives of Pediatrics.

Treatment by Intraspinal Injection of Drugs.—At the meeting of the Académie de Médecine, Paris, Dr. Jules Glover read a paper of considerable practical interest on the intraspinal injection of various alkaloids as a means of treatment. He finds in severe conditions of renal inadequacy in the course of cases of heart disease with cardiac failure, in cases of severe diarrhœa with collapse, and in high-tension or low-tension conditions of the circulation that even after ordinary methods of treatment have failed the injection under antiseptic precautions of strong solutions of certain alkaloids gives satisfactory results. The alkaloids which have so far been tried are caffeine, pilocarpine, and atropine; that is, drugs with a powerful direct and general action on the central nervous system and the functions which it controls. In order to avoid too rapid spread of the drug to the higher centers it is important to give it in a solution isotonic with the cerebro-spinal fluid, and for this purpose it is necessary to carry out cryoscopic experiments to determine the osmotic pressure of the solutions. In experiments on rabbits it was found that solutions of these three alkaloids in small doses produced the usual effects of these drugs with a much greater rapidity and intensity and with more permanent results than when given by any other channel. In a case of cardiac failure and renal incompetence with general œdema, ascites, and uræmic symptoms in man, the intra-arachnoid injection of a solution of 0.25 centigram of caffeine per cubic centimeter (0.25 centi-cube), followed on two occasions at intervals of three days by injections of 0.40 centi-cube, re-established the renal functions, raised the blood-pressure, and facilitated the action of ordinary methods of treatment which had previously failed. It is needless to insist on the importance of rigid aseptic precautions in applying this method of treatment. The solutions should be from one-third to one-half or even as much as a cubic centimeter in volume; they should be neutral or slightly alkaline in reaction, and must be freshly prepared. Acid solutions of alkaloids, particularly quinine solutions, produce in animals immediate death. These observations by Dr. Glover, admittedly incomplete though they are, are yet of great interest as indicating a method of introducing drugs as a last resort in cases where their administration by ordinary channels is ineffective or impracticable. Lumbar puncture is now well known to be a comparatively simple process and often of great value as a diagnostic or therapeutic means. The administration of drugs in this manner should therefore also be a matter of very little difficulty. Although the method is not entirely new, since the intraspinal injection of cocaine has been extensively tried abroad, its application to the treatment of general conditions is an advance. Apparently, from Dr. Glover's account, if the precautions which he advises are adopted the method is harmless; at the same time it is obvious that if acid solutions like those of quinine have serious results the utmost care will have to be exercised in the use of this method.—Lancet.

Postoperative Jaundice.—Santucci, discussing this subject, deals almost entirely with mild benignant jaundice. The graver forms, due to pyæmia or chloroform poisoning, are generally admitted. In the author's opinion, jaundice, severe or mild, is more likely to follow abdominal or quasi-abdominal operations than any other. While it is generally admitted that severe and fatal jaundice may be due to chloroform poisoning, it is not so well recognized that mild benignant types may also be due to the action of chloroform. Other causes may be found in emotion, fear of operation, or in the necessary manipulation of the peritoneum (which is not absolutely insensible) during operation. But in the author's experience jaundice never followed operation without anæsturia, where the pain due to manipulation was manifestly felt by the patient. Some one or a combination of the above factors may excite reflex spasm of the biliary canal and subsequent jaundice.—British Medical Journal.

Erythema Nodosum in Children.—At the meeting of the American Medical Association Dr. Isaac A. Abt, of Chicago, presented this paper. He stated that modern dermatologists differed among themselves as to the relation of erythema multiforme and erythema nodosum. The disease undoubtedly belonged to or was to be classified as one of the exanthematous fevers. The patients were, for the most part, children ranging in age from 2 to 14 years. The disease usually began with vague pains, gastro-intestinal disturbance, and fever. The temperature was usually continuous, the disease rarely running its course without some fever. The fever in some cases was remittent and usually fell by lysis. Its duration was from two to seven days, while in the relapsing cases it sometimes lasted two or three weeks. The eruption generally occurred in the form of nodelike swellings, most frequently located on the shinbones; in some cases on the forearms and thighs; rarely on the tongue and face. The lesions were round or oval in shape, varying in size from that of a walnut to a hen's egg. They were at first painful and tender to the touch, and tense and firm in consistence. They did not produce itching, nor tend to suppurate. They were of a bright-red color and the overlying skin was tense and glossy, as though it had been polished. In their involution, the changes resembled those observed in a bruise, and it might take a week or ten days for a single nodule to go through its cycle.—Archives of Pediatrics.

Ovarian Tumor after Removal of Cancerous Uterus.—Flaischlen recently exhibited before a medical society a large ovarian tumor which he had removed from a woman aged 70. Fourteen years earlier he had removed the entire uterus for cancer of the cervix. He noted that Olshausen had reported several cases of ovarian tumor developing after vaginal extirpation of the cancerous uterus, and attributed their development to degenerative alterations in nutrition caused by ligatures.—British Medical Journal.

Obstructive Laryngitis in Measles.—Dr. M. de Certant reports an instructive case which emphasizes the importance of timely attention to the excess of lymphoid tissue in the pharynx. A child, aged 22 months, with large tonsils and adenoids, had an attack of measles beginning as usual with coryza. He had previously had two attacks of laryngitis stridulosa. He had, when Certant saw him, the buccal eruption of measles, sibilant râles in the chest, intense conjunctival and nasal catarrh, laryngeal stridor, and aphonia. There was no membrane in the pharynx and the cervical glands were not enlarged. Temperature was 101.1° F. On the fourth day stridulous laryngitis was marked and the measles eruption had appeared on the face.

Staphylococci and other cocci only were found in culture from the laryngeal mucus. Increased temperature and difficulty in breathing were marked features later, and recession of the chest did not disappear for two weeks. Diphtheria was excluded by the culture, the primary type of the laryngitis, and absence of membrane. Several suffocative attacks during the illness were produced by irritating the child.—Postgraduate.

Fatal Iodism.—P. Ghiso, of Buenos Ayres, illustrates the serious lesions that may be induced by ingestion of potassium iodide. The subject was an Italian woman of 39, who took 0.8 gram of potassium iodide on a physician's prescription given on account of œdema of the feet persisting for three months. After two doses of the mixture œdema and blisters developed in the face and arms, and the eruption was evidently aggravated by two more doses the next day, after which the medicine was discontinued. The eruption, however, continued a progressive fatal course with ulcerations, necrosis, delirium, and death in less than three weeks. The prescription called for 2 grams potassium iodide in 200 grams of distilled water and 20 grams of syrup. She took only four spoonfuls, but the character of the eruption, its abrupt commencement, the general syndrome, the fever, and the negative bacteriological findings all confirmed the diagnosis of an idiosyncrasy to the iodide superposed on a kidney affection.—Journal of the American Medical Association.

Tobacco in Intestinal Paresis.—Torresi believes that the value of tobacco injections, although well known as an old remedy in intestinal paralysis, is not sufficiently recognized. Where atropine or eserine are available there seems no doubt as to their value when given hypodermically, but these drugs are not always at hand, whereas tobacco is usually to be obtained in any house. The author has had 7 cases of intestinal obstruction due to intestinal paresis where tobacco injections per rectum gave good results. In one the abdomen was so distended that it almost looked as if it would burst, and obstinate fæcal vomiting was present. Atropine and other means had been tried without avail. But immediate relief took place when a liter of warm water containing 30 grams of tobacco leaf was injected high up the rectum 32 centimeters by means of a soft tube. As a rule, the author did not use more than 25 grams. Even in hernia or mechanical obstruction tobacco injections may be tried with caution. But it is in pseudo-ileus that the best indication is obtained.—British Medical Journal.

Radical Treatment of Cancer of the Bladder.—Berg describes a radical operation for the removal of malignant growth of the urinary bladder, together with the corresponding glands and lymph vessels, and reports two cases in which he has recently practiced this method with good prospects of durable success. In this operation, which is especially applicable to cases of cancerous infiltration of the posterior wall and the fundus of the bladder, median laparotomy having been performed by a short incision commenced at the pubic symphysis, and the patient placed in the Trendelenburg position, the parietal peritoneum is dissected away from the floor of the pelvis as far as the common iliac artery on both sides, and the glands with surrounding connective tissue carefully removed along the course of each internal iliac artery. The bladder is then opened and washed out, and the growth freely removed. If the ureters be involved in the disease the affected portions are removed, and the stumps attached to the bladder. The opening in the bladder having been closed by two rows of sutures, the floor of the pelvis is drained by gauze, which is brought outward: in the female through the vagina, in the male through a perineal counteropening made between the rectum and the prostate; the dissected layers of peritoneum are finally brought over the gauze and their margins fixed together by sutures. The advantage of this operation, the author states, consists in its affording the freest possible access to a tumor involving the posterior wall of the bladder. It is the only method that enables the surgeon to attack the diseased glands and lymphatics situated near the internal iliac artery, and it facilitates exposure of the ureters and proper treatment of those ducts when involved in the disease. The danger of infection presenting the chief objection to this operation can, the author asserts, be reduced to a minimum by careful protection of the intestine by gauze and warm compresses during the operation, and by cleansing of the inner surface of the bladder as soon as its cavity has been opened. The large vessels exposed in the dissection of the floor of the pelvis may be easily recognized, and if due care be taken the hæmorrhage during the operation should not be so severe as to cause serious shock. —British Medical Journal.

"Floating Liver" in a Man.—In describing a rare case of "floating liver," E. Meyer points out that men have rarely been observed to suffer from this condition, and states that he has only been able to learn of five other cases. The details of the clinical history are as follows: The patient was a tram conductor, aged 35, who stated that he had enjoyed good health up to the present time. He first noticed that on one occasion on which his tram had shaken considerably a peculiar feeling of pressure in his abdomen was present. This did not amount to pain, but in the course of a few days incapacitated him from his work. One medical man advised immediate operative treatment, having diagnosed a malignant tumor. His appearance was healthy and nutrition good. The examination of the heart, lungs, nervous system, and urine failed to reveal anything abnormal. On lying nothing peculiar was noticed by palpating the abdomen, but in the upright position, on palpating the region in which the peculiar feeling was felt one came across a large tumor. The upper margin lay some 3 1/2 inches below the ensiform cartilage; the height of the tumor measured about 6 1/4 inches, and the breadth about 9 1/2 inches. Its surface was hard and smooth, and it was movable beneath the abdominal wall. In the site of the liver-dullness, which was present in the prone position, there was loud tympanitic resonance. It was easy to return the liver to its natural position, when it was found that the lower edge extended about 1 inch below the costal margin. The liver was anteflexed and anteverted. The diagnosis of floating liver was further confirmed by a Roentgen examination. With regard to the treatment, he states that for the present he is attempting to remove the symptoms by applying bandages, etc. If the patient finds that these means are not sufficient to allow him to work, Meyer will consider the advisability of employing surgical means of fixing the liver in its position.—British Medical Journal.

His Mistake.—*Physician*—"Your ailment lies in the larynx, thorax, and epiglottis."

Hooligan—"Indade! An' me after thinkin' th' trouble was in me throat!"

Nævi and Malignancy.—At the recent Medical Congress at Rouen, M. Denucé dwelt upon some observations made by Trélat in 1883. Trélat found that the presence of multiple small nævi on the skin of a breast affected with a tumor was an indication that the tumor was malignant. In 1899 Denucé recorded further observations on "Trélat's nævi," as he termed them, which were published in the Revue des Maladies Cancéreuses. He studied the subject histologically and clinically, and found that the nævi were to be seen not only on the skin of the breast in association with malignant tumors, but also in the integuments in the proximity of deeper tumors of the abdomen and pelvis, particularly ovarian new growths. When, says Denucé, these nævi are multiple, when they appear on the skin over the tumor, and when their appearance has coincided with the detection of the tumor or has followed it, they may be considered as a probable sign of malignancy. Denucé read at Rouen some further observations in which the malignancy of ovarian tumors was detected by the appearance of nævi. Denucé's observations deserve consideration. The qualification that cutaneous nævoid dilatations of capillaries may follow the development of an abdominal or pelvic tumor is the point in Denucé's observations with which those who have clinical experience will be most inclined to agree. The nævi are not rarely seen on the skin of the abdomen in cases where the presence of a tumor is already evident, and its malignancy made only too clear by the presence of reliable and standard symptoms. It is of great importance that Denucé's experience of nævi coinciding with the appearance of a tumor should be rigorously investigated, as, if to any degree trustworthy, it would be a symptom of high clinical value.—British Medical Journal.

Technical.—*Photographer*—"Is this a positive refusal, or may I hope to bring you proofs of my affection?"

Lady—"My negative will render it unnecessary. There is no other solution, so do not urge me to adopt a different tone by further enlargement of the subject!"—St. Louis Clinique.

The Most Delicate Test for Arsenic.—It was observed long ago that a certain fungus, known to botanists as ***Penicillium brevicaule***, was a frequent and troublesome growth on the walls of damp rooms covered with paper containing arsenic. But it has only recently been discovered that this fungus, when brought into contact with substances containing arsenic, develops rapidly an intense odor of garlic.

Abbo, director of the Hygienic Institute at Turin, as the result of long experiment, now recommends the use of *Penicillium brevicaule*, as the simplest, surest, and most delicate test for arsenic. He has found it possible to establish definitely within a few hours the presence of minute quantities of arsenic in a contaminated flour, in the urine of patients treated with arsenical preparations, and even in a case of arsenic poisoning through illuminating gas. Abbo's assertions receive strong confirmation from the work of Abel and Battenburg at the Hamburg Hygienic Institute.

Even so small an amount of the deleterious metal as one one-millionth gram can be detected in this way,—a delicacy of reaction almost unparalleled. It is of great interest that the degree of refinement thus attained is dependent on the sense of smell, for by the aid of this sense even smaller proportions of certain organic substances can be made out. Thus, Emil Fischer and Petzold have shown that one five-millionth grain of chlorphenol, or even a smaller quantity of mercaptan, can be recognized by the nose. Of course, these quantities are immensely below the weight of a chemical molecule; nevertheless, such olfactory reactions are far more delicate than ordinary optical tests.

The "arsenic fungus" grows well on potato, and can be kept in pure culture without transplantation, over a long period. There seems to be no reason, therefore, why the test should not be frequently applied, even by the physician in private practice. That it will play an important part in legal medicine there can be no doubt. No less an authority than Professor Kobert holds the discovery of the arsenic fungus to be one of the greatest of modern victories for forensic medicine. —Medical Times.

Book Reviews.

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The Physician's Visiting-list (Lindsay & Blakiston's) for 1905. Fifty-fourth Year of its Publication. Philadelphia: P. Blakiston's Son & Co. Price, for twenty-five patients per day or week, $1.00, net.

A host of physicians throughout the land depend upon this useful book for a record of visits made and other work done throughout each year. How well it has answered its purpose is attested by the many years that it has been issued. The arrangement of its columns is familiar to those who have used the book. In addition it contains a calendar for the coming year, and tables which convey much information at a glance. A full dose table has also been included and has been revised in accordance with the new United States Pharmacopœia (1900).

The Medical Epitome Series. Toxicology. A Manual for Students and Practitioners. By Edwin Welles Dwight, M.D., Instructor in Legal Medicine, Harvard University. Series Edited by Victor Cox Pedersen, A.M., M.D., Instructor in Surgery and Anæsthetist at the New York Polyclinic Medical School and Hospital, etc. Lea Brothers & Co., Philadelphia and New York. Cloth, $1.00, net.

In this work we find concisely stated the facts relating to the various poisons which may affect the human body, the symptoms to which they give rise, and the methods by which they are detected. This is a very important branch of medical knowledge and one which may be a very effective agent in the recognition of crime. Every physician should acquaint himself at least with its fundamental facts and principles. He needs this knowledge, indeed, for his own protection as well as that of society. It would be a terrible error for a medical man to allow himself to be deceived in a case of attempted poisoning. The irritant and depressant poisons of mineral, vegetable, and animal origin are described in this book, which can be recommended as a useful short exposition of the subject.

Golden Rules of Dental Surgery. By Charles W. Glassington, Senior Dental Surgeon to the Westminster Hospital, etc. Golden Rules Series No. XIII. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Lim.

This is a booklet which contains the gist of the author's twenty-five years' experience on many immediately practical matters concerning the practice of dentistry. The points are well taken, concisely expressed, and are adapted to be very useful to the class for whom the book has been prepared.

Lea's Series of Medical Epitomes. Magee and Johnson's Epitome of Surgery. A Manual for Students and Practitioners. By M. d'Arcy Magee, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery; and Wallace Johnson, Ph.D., M.D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington, D. C. In One 12mo Volume of 295 pages, with 129 Engravings. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

The authors of this work have accomplished the task of producing a sketch of practical surgery. They point to the underlying principles of surgical pathology and indicate their application to the phenomena of inflammation. They give brief descriptions of the surgical affections of different parts or organs of the body and indicate the lines of treatment. Diseases and injuries of bones, including fractures, and dislocations receive comparatively full attention. The text of the book is in accord with the teachings of the more complete treatises. The book is capable of serving as a useful guide to the student in outlining the great subject of surgery. Taken in connection with clinical lectures and ward work it will be found helpful.

A Practical Treatise on Genito-urinary and Venereal Diseases and Syphilis. By Robert W. Taylor, A.M., M.D., Clinical Professor of Genito-urinary Diseases at the College of Physicians and Surgeons (Columbia University), New York, etc. Third Edition, Thoroughly Revised. With 163 Illustrations and 39 Plates in Colors and Monochrome. Lea Brothers & Co., New York and Philadelphia, 1904.

The third edition of this work has been revised in order to include whatever advances have been made in the knowledge of the diseases under consideration and their treatment. The author has had a very wide experience in this department of medicine. The tone of the book is wisely conservative. Dr. Taylor has witnessed the rise and fall of many a proposed plan of treatment of gonorrhœa. He writes, not of novelties, but of those methods which he has seen succeed or, at least, be of benefit in his own practice. As regards gonorrhœa, for instance, he holds to the opinion that when carefully used by a person of considerable experience nitrate of silver is the ideal agent in the treatment of nearly all stages. He condemns the heroic methods which have been advocated and praised as suppressing the disease within a few days, and declares that the cases have merely been pushed rapidly into the terminal stage, which, in many cases, has no end. He believes that these methods cause thickening of the urethra, dribbling of urine, and other troubles. He is not altogether a disbeliever in the possibility of aborting the disease. On the first or second day when the mucoid secretion shows nothing but epithelial cells and gonococci, but no pus-cells, he has sometimes been able, by procedures which he describes, to abort gonorrhœa. Of the endoscope in the treatment of chronic urethritis, he states that it is useful under certain sharply drawn restrictions. He looks upon it as an instrument of reserve rather than routine. As regards the important question of the infectiousness of the secretion of chronic gonorrhœa, he concludes that, in general, after the lapse of six months from the time of cure, provided there has been no recurrence, it is safe for a man to marry. He teaches that in very many cases the pus becomes ineffective. He thinks that too much stress is laid by some authors upon gonococci and other microbes in chronic urethritis. A clear account is given of the usual complications and consequences of gonorrhœa. The author thinks that the vulvo-vaginitis of infants and children is very rarely of venereal origin. There is a good chapter upon stricture of the urethra and the operations and manœuvres practiced for its relief. A large portion of the work is devoted to syphilis. As regards its origin, the author says that, although it is highly probable that syphilis is due to a specific microbe, yet upon this point we are unfortunately still in ignorance. The delineation of all the forms and stages of syphilis is very excellent and conveys clear conceptions to the mind of the reader. The chapter upon the treatment of syphilis is of value, and details the methods which the author has found of most avail.

The Surgical Treatment of Bright's Disease. By George M. Edebohls, A.M., M.D., LL.D., Professor of the Diseases of Women in the New York Post-graduate School and Hospital, etc. Frank P. Lisiecki, Publisher, New York, 1904.

This work is possessed of one conspicuous merit. It is original. It explains the author's experience with the method, devised by himself, of treating chronic Bright's disease by decapsulation. The object of the operation is to afford opportunity for the formation of a free vascular connection between the blood-vessels of the kidney and its fatty capsule, thus establishing an abundant collateral circulation. The author relates the histories of seventy-two patients upon whom he had operated up to the end of the year 1903 for chronic Bright's disease, gives an analysis of the cases and of the results. Dr. Edebohls sums up in a very candid manner what has been accomplished by this operation. The world is indebted to the author for a mode of treatment which marks a distinct step in advance, which has already accomplished good and which promises hope for the future.

Brazil at the Louisiana Purchase Exposition, St. Louis, 1904.

In a large and finely issued pamphlet we are given an authoritative description of the resources of Brazil and information relative to the progress of that country in the arts and sciences, in manufactures and education. The geography, flora, fauna, products, and industries of the country are shown in such a manner as to make the work a serviceable guide to the traveler, the student, the manufacturer, and the merchant. The book is well illustrated, and this feature adds not a little to its interest.

A Treatise on Bright's Disease and Diabetes, with Especial Reference to Pathology and Therapeutics. By James Tyson, M.D., Professor of Medicine in the University of Pennsylvania, etc. Second Edition. Illustrated. Including a Section on the Ocular Changes in Bright's Disease and Diabetes by George E. de Schweinitz, M.D., Professor of Ophthalmology in the University of Pennsylvania, etc. Philadelphia: P. Blakiston's Son & Co., 1904.

This, although termed a second edition, is practically a new book. It has been extensively revised and brought up to the present state of knowledge. Some of the original text has been retained when the progress of research has not required its modification.

We regard this as a thoroughly well prepared and reliable work. The descriptions of symptoms are clear and are based upon the author's wide experience. The sections upon diagnosis by means of chemical and microscopical examination leave nothing to be desired. The subjects of etiology and pathology are discussed in the light of the latest and fullest investigations. In the matter of treatment Professor Tyson is entitled to speak with much authority. For many years he has been recognized as an earnest student of diseases of the urinary organs, to a knowledge of which examination of the urine is indispensable. The chapters on the dietetic management of Bright's disease and diabetes are worthy of special attention. Bright's disease is described under its different types of acute, chronic, amyloid degeneration, cyanotic induration (passive congestion), and suppurative nephritis, including tuberculosis of the kidney. Each of the subdivisions of these forms receives appropriate notice.

The author's style is extremely lucid, and the illustrations are much to be commended.

Blood-pressure as Affecting Heart, Brain, Kidneys, and General Circulation. A Practical Consideration of Theory and Treatment. By Louis Faugeres Bishop, A.M., M.D., Physician to the Lincoln Hospital, New York, etc. New York: E. B. Treat & Co., 1904. Price, $1.00.

This is a useful and interesting monograph. It emphasizes particularly the clinical relation of blood-pressure as interpreted in the light of clinical experience. This feature will certainly commend it to the practitioner. The author describes cases accompanied by low pressure and by high pressure and refers to the mode of management of each form. He discusses the obscure symptoms of circulatory disorder and their significance. The author tells us how to estimate blood-pressure and how to use the nitrites for its modification. Many suggestive practical thoughts are found in the pages of this little volume.

How to Cook for the Sick and Convalescent. Arranged for the Physician, Trained Nurse, and Home Use. By Helena V. Sachse. Second Edition, Revised and Enlarged. Philadelphia: J. B. Lippincott Company, 1904.

We have often expressed our appreciation of the value of cookery. A knowledge of the art is of decided assistance to the physician. With the diminished appetite and digestive power of the invalid it becomes an urgent question how to feed him in the most effective manner. In the management of chronic diseases also very great importance must be attached to the diet. The work before us contains a large number of excellent recipes, and the author has had the assistance of several prominent physicians in classifying them in such a manner that one may be able to choose from them when arranging diet lists for sick people. The work is adapted to fill an important place in the resources of the physician.

CURRENT MEDICAL LITERATURE.

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Court Testimony of Medical Experts in Mental Diseases. By B. D. Evans, M.D., Morris Plains, N. J.

A Clinical Lecture on a Case of Purpura Rheumatica. By Ralph Stockman, M.D., F.R.C.P.E., F.F.P.S.G., Glasgow.

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Notes on the Chalybeate Springs of Spa (Belgium). A Medical Study, with a Description of the Town and its Environs, and a Map. By R. Wybauw, M.D. Preceded by an Historical Introduction on the Influence of English Visitors upon the Development of the Town of Spa. By Monsieur Albin Body.

Meine Erfahrungen mit dem Elektrischen Vier-Zellen-Bad. By Dr. C. E. Schnée.

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COMMERCIAL NEWS.

GENERAL CONSIDERATIONS IN THE TREATMENT OF ANÆMIA.

By Julius E. Alter, M.D.,
NEW YORK CITY.

The problem of treating most of the cases of anæmia which come to our attention resolves itself into a consideration of the causes of this condition. Essential primary anæmia, as such, is of infrequent occurrence compared to the number of cases of secondary anæmia which present themselves. Our whole plan of treatment hinges upon this question: shall we regard anæmia as a disease or merely as a symptom of a disorder, one of whose chief characteristics is a reduction in the number of red blood-cells, and of the percentage of hæmoglobin? Success in these cases very often depends on whether we grasp true purport of anæmia. The term anæmia, as a disease *per se,* is, in the vast majority of cases, a misnomer. The condition should be regarded as a symptom of some special disease, such as chlorosis, or as a manifestation of a morbid hæmatic condition as pernicious anæmia, leucocythæmia, etc., or else of some pathological state of the blood induced by wasting disease, as in typhoid fever, malaria, etc. When we take this fact into consideration the problem of the treatment becomes much simplified. Regarding, then, the anæmia as a symptom, and understanding the causal condition, our plan should be, first to remove, if possible, the latter, which being done, the anæmia becomes a minor symptom, much more amenable to treatment.

I shall briefly discuss some of the disorders which tend to induce anæmia, and then proceed to the consideration of the treatment of the latter itself.

In women, uterine affections are by far the most active factors in bringing about an anæmic state of the blood. The relations between the female generative organs and the rest of the body are so intimate and complex that any disturbance of the former may bring about an impaired condition of the nervous, circulatory, and other systems, so that very often we find anæmia of various degrees complicating ovarian or uterine troubles. Many cases of anæmia are directly caused by excessive loss of blood at menstrual periods. This form, as a rule, is especially amenable to treatment, the anæmia being due to a mechanical loss of blood-cells and hæmoglobin and not to any morbid conditions of the blood.

In cases of anæmia caused in this manner, the only rational method of treatment should be the removal of the cause; often with the correction of the displaced uterus, the relief of the endometritis, ovaritis, etc., the metrorrhagia having ceased, the anæmia itself responds readily to the influence of chalybeates.

In young girls anæmia is very frequent, due to the temporary inequality in development of the various physiological functions. These cases are by no means as troublesome as other varieties, correcting themselves as the various parts of the body adjust themselves to the new conditions of womanhood. They come under the head of benign, simple anæmias, the treatment of which is discussed below. In such cases there are very few complications, but these should be looked for since disturbances of the general nutrition, as in digestive and other troubles, may lead to an aggravated anæmic condition. In particular the food should be nourishing, palatable, and agreeable to the patient.

The various infectious diseases are very frequently accompanied and followed by an anæmic condition of greater or less severity. Scarlet fever, acute nephritis, influenza, typhoid, pneumonia, syphilis, malaria are among the most prominent maladies which are highly destructive of hæmoglobin and the red blood-cells. Of course, the first indication in anæmia of this origin is to overcome the ravages of the disease by especial attention to the general nutri-

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tion of the patient. This having been built up, we can expect good results from our chalybeates, but not before. The best method of medication in such cases is to combine the treatment of the causal condition with that of the anæmia; as, for example, in syphilitic anæmia the patients will do best if they take a combination of iron and mercury, while in malaria the most satisfactory results are obtained by combining iron and quinine, often adding arsenic.

I have laid special stress on the importance of the recognition of those disorders which directly or indirectly cause an abnormal condition of the bloodmaking organs. Many cases of anæmia will crop up in which it is impossible to discover any etiological factor as mentioned above. The treatment of this form of anæmia is the same as for cases following enervating diseases.

The treatment of the anæmia proper should be hygienic and medicinal. The hygienic element is by no means the least important. Fresh air, and plenty of it, will often act as well as many drugs. Exercise should be supervised; it should be neither too violent nor prolonged, because in our plan of treatment the item of sufficient rest is of great value. There is a normal daily fall and nightly rise in the number of the red blood-corpuscles, which fluctuation is indicative of the daily destruction and regeneration of the hæmoglobin. Active exercise increases the extent of the daily fall and nightly rise, at the same time promoting an overproduction of hæmoglobin, whereas bodily rest reduces the daily fall, representing a lessened destruction of hæmoglobin. By watching our case closely it will be found that a judicious alternation of exercise and rest will tend to increase perceptibly the daily percentage of hæmoglobin. Mountain air has been advocated by many observers in the treatment of anæmia, as it improves nutrition, and thus aids in the formation of hæmoglobin; further, according to Lépine, "by a mechanism still incompletely elucidated, it determines the rapid formation of red blood-cells. In the case of healthy persons the hyperglobulia is not permanent; if they descend to the lowlands, the exaggerated number of corpuscles acquired is lost in a few weeks. In anæmic persons the gain should be, all things being equal, more permanent; but, even if it were purely transitory, a stimulation of bloodmaking organs results which should not be without effect." In cases of anæmia of very severe grade it is best to keep such patients quiet in bed in a large, airy room.

It is hardly necessary to speak of the value of iron in the treatment of anæmia. It stands first of all drugs, especially where the hæmoglobin is reduced. Next to it comes arsenic, which is of most value where there is a decrease in the number of the red blood-cells. A third efficient remedy in the treatment of anæmia, manganese is nearly as important as the other two, its field being especially cases in which menstrual disorders are present. Under

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the use of these drugs, especially when combined, the hæmoglobin is rapidly increased. Other remedies—as copper, zinc, mercury, etc.—have their advocates, but none can equal iron, arsenic, or manganese in the treatment of anæmia.

According to Germain Sée anæmia may be classified, excluding those cases which are due to loss of blood by trauma, as (1) anæmia, in which there is a deficiency of hæmoglobin, in which case iron would have the most effect, and (2) cases in which there is a greatly reduced number of red blood corpuscles, arsenic being the indication here. Practically all cases of anæmia present both these conditions; so that it is evident that the combination of iron, arsenic, and the chalybeate adjuvant, manganese, forms the *sine qua non* in the treatment of anæmia.

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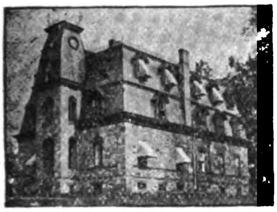

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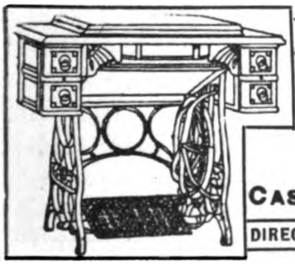

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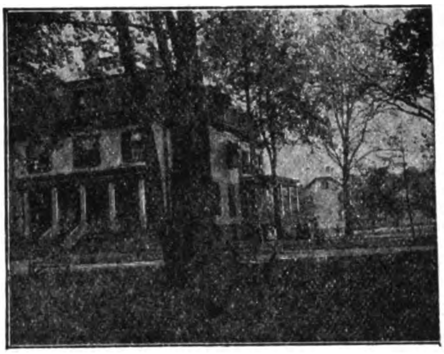

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or no constipating effects; nor were any digestive disturbances, so commonly seen in the administration of arsenic and iron, observed by me.

Such stress does Sir Andrew Clark lay on the importance of constipation in chlorosis that he states that if he were limited to the choice of one drug in the treatment of the disease he would choose a purgative.

This objectionable feature has been obviated in Hemoquinine, the use of which has afforded me results quicker and far surpassing in their thoroughness those obtained when administering iron alone, or combined with arsenic in pill form.

The presence of quinine in Hemoquinine intensifies to no small degree the tonic properties of the preparation. Aside from the alterative influence of quinine, it has been recommended by many in the treatment of anæmia, with a view of lessening the destruction of red blood-corpuscles. One distinct advantage possessed by Hemoquinine, aside from its bloodforming qualities, is its great palatability. A good deal of our success in the treatment of anæmia depends upon not disturbing the digestive functions and presenting the drugs in a form pleasant to the patient, so that the taking of medicine will not be considered as a penance. During the past year and a half I have treated quite a number of cases of anæmia in which I first administered iron and arsenic in pill form, and otherwise, before prescribing Hemoquinine in order to observe and compare the effects derived. The result of the blood examinations and the general improvement in bodily health in nearly all the cases have predisposed me very strongly in favor of Hemoquinine, and I now rely upon it almost exclusively in the treatment of anæmic disorders.

I have taken the liberty of adding to this paper a report of half a dozen cases in which I have used Hemoquinine with more or less success.

CASE I.—R. L., laborer, 28 years of age, had been under my treatment for some time for malaria. He came from a malarial district in Georgia, and had had a number of attacks. When I first saw him he presented marked anæmia; his pallor was especially noticeable; the lips were merely tinged with red, and the conjunctivæ were practically colorless. The blood-count, when made for the first time, showed 2,180,000 red blood-cells per cubic centimeter. The percentage of hæmoglobin had been reduced to 40 per cent. The regular treatment of malaria had no marked effect on the anæmia, nor did it ameliorate any of the symptoms usually accompanying it. Iron was administered combined with arsenic in pill form. The patient did well for a time, the general condition improving considerably; the number of red blood-cells increased to 3,000,000, and the hæmoglobin to 50 per cent. This improvement continued for about a week and a half, when his stomach became deranged, in addition to an obstinate constipation. I ordered the administration of mild aperients, and peristaltic stimulants, and lessened the amount of arsenic. The condition, however, remained the same. Here was a case in which there were positive indications for both arsenic and iron, but in which their administration caused a disturbance of nutrition, doing really more harm than good. I had been hearing quite a little of Hemoquinine, and decided to use it. The quinine and pills of arsenic and iron were stopped and Hemoquinine in full dosage ordered. At this time the red blood-cells numbered about 3,100,000 to the cubic centimeter, and the hæmoglobin was the same as at the previous count, *i.e.*, 50 per cent. The constipation was overcome by means of a purgative, and the gastric disturbance quieted with sedatives. After two days' rest Hemoquinine was started and continued for a full week, when the blood was again examined. The red blood-corpuscles had now reached almost 4,000,000 per cubic centimeter, and the hæmoglobin 62 per cent. The constipation was by no means as severe as before, and there was absolutely no stomach trouble. The malaria, under the influence of the quinine

(CONTINUED ON ADVERTISING PAGE 24.)

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in Hemoquinine, rapidly improved. Three weeks later I again examined the blood and found the hæmoglobin had gone up to almost 80 per cent., while the red blood-cells numbered 4,200,000 to the cubic centimeter. The improvement was steady and rapid, and in a comparatively short time the anæmia completely disappeared.

CASE II.—A. G., 17 years of age, salesgirl by occupation, came to my office during the latter part of March, 1903. She was slender, pale faced, and decidedly anæmic looking. It was a very simple thing to diagnose chlorosis in this case—the diagnosis was written on her face, the peculiar pallor, anæmic lips, and bluish-white sclerotics telling their story plainly. The patient presented all the usual symptoms of chlorosis; an anæmic murmur was present; she was habitually constipated; the menstrual flow was scanty and merely slightly pink, etc. The blood examination showed almost the normal number of red cells, but they were extremely pale. Hæmoglobin had fallen to 35 per cent. Patient had been taking Blaud's mass with a very good result up to a few weeks previous to the time she came to see me, but had stopped it, because of the constipation and disturbance of the gastric functions. I advised more fresh air than she had been in the habit of getting, with exercise in the open. Hemoquinine was prescribed, 2 teaspoonfuls three times daily in milk after meals. I did not see her until well on toward May, 1903, fully a month later, when I was surprised at the vast improvement in her appearance. On examining the blood I found the red blood-cells about 4,800,000 to the cubic centimeter, and the hæmoglobin had increased to 70 per cent., practically double what it was when she first presented herself for treatment. The patient continued taking Hemoquinine in tablespoonful doses, twice daily for two months, when the blood examination showed a normal condition.

In this case I ascribe a great deal of good to the presence of the manganese in

(CONTINUED ON ADVERTISING PAGE 26.)

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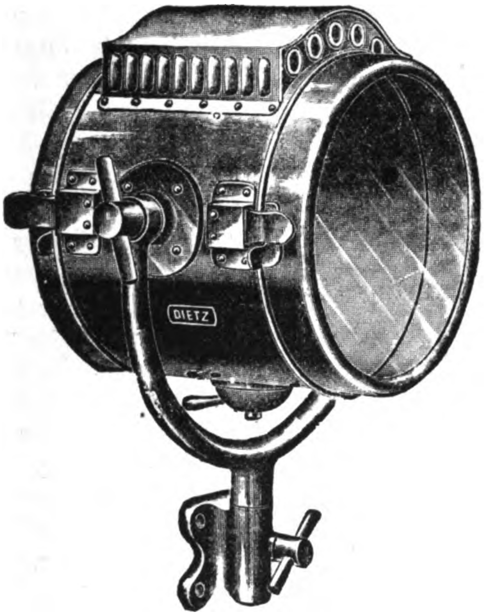

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Hemoquinine. The remedy has proven of special value in amenorrhœa and other menstrual derangements and its use in the case of A. G. was attended with signal success.

CASE III.—S. M., male, 31 years of age, sailor, had had an attack of typhoid fever, for which he was treated in the Marine Hospital in Baltimore. I was called in to see him at his home in the fall of 1903. He was very weak and extremely pale. He had the characteristic anæmic pallor. Examination of the blood showed a greatly decreased number of red blood-cells, 2,000,000, with hæmoglobin as low as 35 per cent. The anæmia was very severe. The patient was troubled with dyspnœa, and complained of an intense headache. I put him on iron and arsenic, but his stomach rebelled. Hemoquinine was ordered in tablespoonful doses, three times daily in Tokay wine. The patient was placed in the largest room in his house, and good nourishing food was given. This treatment was persevered in for a week, when another examination of the blood was made. The hæmoglobin was at this time 55 per cent., and the red blood-cells numbered 3,200,000 to the cubic centimeter. He was much stronger, and had lost a good deal of his anæmic pallor. Small tonic doses of strychnine were added to the daily administration of Hemoquinine. Two weeks later S. M. came to see me at my office, feeling much better and stronger. A blood-count showed 4,300,000 red cells per cubic centimeter, while the hæmoglobin percentage had reached 75 per cent. He continued to improve, and early in September was discharged from treatment.

CASE IV.—C. B., 20 years of age, seamstress by occupation, presented chlorosis of severe type. The patient suffered from complete amenorrhœa. She had fainting spells very frequently, her appetite was poor, and she was subject to agonizing attacks of headache. Menstruation had commenced at 15, and had continued at regular intervals until her nineteenth year, when it gradually ceased. She was of a very nervous temperament, bordering on

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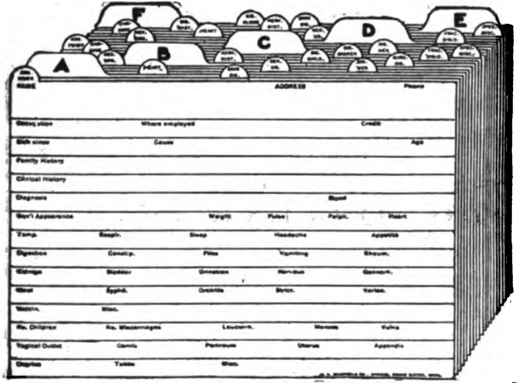

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neurasthenia. I put her immediately on Hemoquinine, in dosage of dessert-spoonful, four times daily; her occupation was changed to one permitting of more activity in the open air. At the time of the first examination the red blood-cells numbered 4,000,000 to the cubic centimeter, and the hæmoglobin was 30 per cent. The results in this case were remarkable. Within a very short time from the beginning of treatment the patient felt much better and began to have a little color in her lips and cheeks. At the end of six weeks she was so much improved that she ceased her visits to the office, though on my recommendation she continued to take Hemoquinine for a number of months. I saw her last June (1904), when she told me her menstruation had returned, and she had no more attacks of syncope. The headache was vastly improved, though not altogether cured.

Case V.—L. N., schoolboy, aged 16, had been treated by me for influenza. He was kept in bed for three weeks, during the latter part of which period he developed marked anæmia. I put him on peptonate of iron combined with manganese. The patient was allowed to take short walks when he was strong enough to leave his bed. He was given nourishing food, and alternating exercise and rest ordered. While taking the iron he complained of obstinate constipation. As in the other cases reported, I stopped its administration and ordered Hemoquinine. This case was far more unyielding to the preparation than any in which I had hitherto used it. However, the treatment was persevered in. The youth was sent to the Catskill Mountains, and the dose of Hemoquinine increased from 1 dessertspoonful *t.i.d.* to a tablespoonful. He came to me three months later improved in all respects. Examination of the blood showed a nearly normal condition. Hemoquinine was continued until the end of December, 1903, when the anæmia was absolutely cured.

Case VI.—A. L., aged 15 years, schoolgirl, suffered with anæmia, the most prominent and distressing symptom being an intense gnawing headache, which constantly annoyed the patient. She was neurasthenic, depressed, and made despondent by the unremitting pain in her head. Her tongue was very heavily coated, her stomach was very much out of order, and the bowels always constipated. During exacerbations of the pain, the patient was completely prostrated, the heart feeble, and the pulse fast. The anæmia was severe. Menstruation, which previous to the anæmic condition, had been quite regular, was now scanty, and she often skipped a period. The blood examination showed a normal number of red blood-cells, but the hæmoglobin was reduced to about 38 per cent. In this case, I ascribed the anæmia and headache to uterine disorders mentioned earlier in this paper. This patient was ordered to bed for some time, and the nutrition improved as much as possible by rest and good food. In the medication of this case it was essential that iron, in a form least liable to constipate, and most

(Continued on Advertising Page 29.)

An Invitation

The publishers wish to quote the following from Dr. John V. Shoemaker's editorial in a recent number of THE MEDICAL BULLETIN :—

"The Ductless Glands in Therapeutics"

"At this point therapeutists are brought face to face with the practical application of this course of reasoning and study. In the wake of laboratory experiments the time has now arrived for clinical experiments. The everyday practitioner of medicine does not possess the time and, as a rule, he has not had the training to do original laboratory work. It must be remembered, likewise, that it is not merely the performance of experiments in the laboratory that is of service in advancing science. The chief gain undoubtedly consists in the correct interpretation of these experiments. This happy facility in deducing the meaning of facts observed is what gave such permanent importance to the work of Charles Bell, Marshall Hall, Claude Bernard, and Brown-Séquard. In such questions the average physician must depend upon the leading authorities of chemistry and physiology. Within his proper sphere, however, he has an equally important work to do. By his observation at the bedside he can put to the test theories or suggestions based upon purely scientific work. Medicine has developed in some very unexpected ways during the last two or three decades.

"The subject of internal secretions, as far as yet known, has already shown us some surprising revelations in therapeutic possibilities. It is reasonable to suppose that as knowledge advances we shall recognize more fully the potentialities of treatment by means of ductless glands, their extracts and secretions.

"In order to further this movement we should be pleased to open the columns of THE MEDICAL BULLETIN to subscribers, contributors and members of the profession to the discussion of these important topics. While the solid basis of success and advance must be pure science, yet applied science in therapeutics is, after all, what chiefly concerns the general practitioner, and not only that useful and hard-worked individual, but, also, and particularly, his patients. Short, practical communications upon the efficacy of the ductless glands in therapeutics, and especially of the adrenal system, as outlined by Dr. Sajous, may have a large share in determining the exact position which they shall occupy in the treatment of disease. This is the goal toward which the practitioner's eyes are ever eagerly directed. Everything, to his conception, converges to that end. The discoveries of science interest him chiefly in proportion to their usefulness in alleviating the miseries of mankind."

It is eminently desirable that this subject be thoroughly investigated, and that the result of such investigations in the interest of medical science be published as early as possible. The publishers join Dr. Shoemaker in an invitation to the medical profession to contribute the results of bedside and clinical experience based upon this new line of medical study.

Repeating and endorsing the concluding sentence in the editorial referred to :—

"The discoveries of science interest chiefly in proportion to their usefulness in alleviating the miseries of mankind."

Truly yours,

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easily absorbed, should be given. Keeping this in mind, I immediately ordered Hemoquinine, dessert-spoonful four times daily. For the violent exacerbations of pain, I found phenacetin of most benefit. The patient improved greatly, and when she was strong enough she was sent to the mountains, whence her parents took her to the chalybeate springs at Saratoga. The Hemoquinine was steadily administered for a period of almost six months, with the result that the patient is now absolutely free of her headache, while the anæmia is practically cured.

The last two cases were especially obstinate, but the continued and unremitting use of Hemoquinine relieved all of the more important symptoms in a comparatively short time, ultimately eradicating the anæmia itself.

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The upper air passages may be likened to the portals of a temple. Within these fleshy precincts are many visitors, some with good and others with evil intent. All for-

(Continued on Advertising Page 30.)

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eign bodies in the shape of dust particles or germs are normally kept back with the utmost rigor from entering the innermost recesses of the respiratory chamber, but the efficiency of this exclusion depends entirely upon the health and vitality of the leucocytes.

It is a well-known clinical fact that an ordinary "cold in the head" may, if neglected, run on to far more serious affections, including bronchitis and even tuberculosis itself. A chronic catarrh of the naso-pharynx may easily develop into a condition which particularly predisposes the individual to the ravages of the ubiquitous tubercle bacillus. Where the natural resistance of the respiratory mucous membrane is lowered from the accumulated products of inflammation a most inviting point of entrance is offered to this deadly germ.

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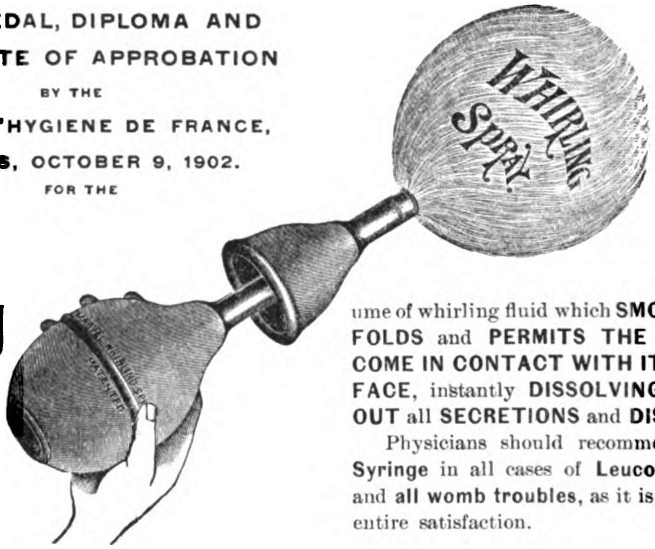

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